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ORIGINAL COMMUNICATIONS.

*EUROPHEN, WITH CLINICAL REFERENCE TO EUROPHEN AND EUROPHEN-ARISTOL.**

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EUROPHEN results from the action of iodine upon isobutylorthocresol in a solution of iodine of potassium.† The product, as prepared and sent out by the Farbenfabriken, formerly Friedrich Bayer & Co., of Elberfeld, appears in the form of a fine, soft, amorphous powder, slightly resinous to the touch, of a light-yellow color, destitute of taste, and having a faint, not unpleasant odor, which recalls that of saffron. This odor is almost entirely lost when europhen is made into a mixture or solution. Europhen is insoluble in water and glycerin, soluble in alcohol, ether, chloroform, and fixed oils. When exposed to a heat of 160° F. europhen thickens, and at 230° F. is converted into a clear, brown fluid. The specific gravity of europhen is five times less than that of iodoform and half that of iodol. The body is easily decomposed by light and heat. It should, therefore, be kept in a dark, dry, and cold place, and its solutions be made at a low temperature.

The average proportion of iodine contained in europhen is 27.6 per cent. A small precipitate, consisting of an organic iodine compound, and soluble in water, forms from solutions of europhen. This compound is likewise present in the dry powder. A very small percentage of free iodine, formed during the drying, and which cannot be removed from the product, is contained in europhen. Solutions of europhen in alcohol and ether slowly liberate small amounts of iodine. Europhen should never be mixed with fat combined with starch. It is incompatible with metallic oxides and the salts of mercury. Fats free from starch are good excipients for europhen, and lanolin is particularly appropriate, since the large amount of water which it is capable of taking up promotes the liberation of the soluble iodine compound.

Siebel has determined that the presence of europhen in culture-media prevents by a chemical action the development of pathogenetic micro-organisms, and arrests the formation of products of decomposition.

Europhen adheres firmly to cutaneous and mucous surfaces with which it is brought in contact. Under the influence of liquid pathological products it is believed to slowly give off small quantities of iodine, which, entering into immediate action, form the soluble organic compound of iodine to which reference has been made. When taken by the mouth, europhen undergoes but little change as it passes through the system. A very small proportion of iodine appears in the urine after its administration. It is removed from the body with the fæces for the most part unchanged. The alteration is scarcely greater when dissolved in oil, and it can be subcutaneously injected. Europhen is, consequently, a non-toxic substance. Two or 3 drachms have been given to dogs without any ill effects, and 15 grains have been taken by the human sub-

* Read by title in the Section of Practice of Medicine at the Forty-third Annual Meeting of the American Medical Association, held at Detroit, Mich., June, 1892.

† The physical and chemical properties of europhen have been carefully studied by Dr. F. Goldmann, and are described in the Pharmaceutische Zeitung, July 15, 1891.

ject with no more serious result than a slight sensation of weight in the stomach.

The first clinical experiments with europhen were undertaken by Dr. P. J. Eichhoff, of Elberfeld, who published, in the *Therapeutische Monatshefte* for July, 1891, the results of its employment in a series of cases. A chronic and obstinate ulcer of the leg, which had resisted the action of many other remedies, healed in six weeks under the application of a 10-per-cent. ointment of europhen. A deep and sluggish ulcer, dependent upon a marked varicose condition of the limb, was almost entirely cicatrized in five weeks by the same method of treatment. Several chancres were healed and their induration removed, by the insufflation of europhen upon their surface, in periods of from two to four weeks. The application of the powder removed, in three cases, large condylomata of the anus and genitalia in ten, seventeen, and twenty-eight days, respectively. A case of syphilitic papules with leucoderma and marked thickening of both labia majora was relieved in the same manner. At the end of two weeks the papules had disappeared, but slight pigmentation remained and the labia were reduced nearly to their normal size. An ulcerated scrofuloderma of the arm in a girl of 14 years cicatrized under a europhen ointment in nineteen days. A 10-per-cent. salve was first used, but, giving rise to irritative eczema of the surrounding skin, was, after three days, replaced by a 5-per-cent. ointment. The irritation persisting in the same degree, however, at the end of three more days a 1-per-cent. preparation was applied. The healing process continued at an undiminished rate, and the eczema soon subsided. In a case of lupus vulgaris, after scraping the softened nodules with a sharp spoon, europhen powder was dusted upon the surface, and a firm, smooth scar was obtained by the eighteenth day. A burn of the third degree was cicatrized by a 1-per-cent. ointment in twenty days. Chancroids were rapidly healed by application of the powder. In several cases of parasitic eczema europhen occasioned little or no improvement, and was discontinued. The result was the same in a case of impetiginous eczema. Europhen in the form of a 10-per-cent. ointment was less beneficial in a case of psoriasis than either aristol or tar. In a case of favus, likewise, it proved of no avail. An injection of europhen in olive-oil and acacia was disadvantageous in two cases of acute gonorrhœa. It gave rise to pain, and was abandoned. In a case of gonorrhœa of the urethra and cervix uteri, however, under the care of Dr. Siefert, of Wurzburg, a tampon impregnated with europhen caused speedy diminution of the discharge and disappearance of the gonococci. In a case of endometritis with erosions of the os uteri and a copious seropurulent discharge, a decided improvement followed its use.

Dr. Petersen, of Wurzburg, reports satisfactory results from the insufflation of europhen in the rhinitis of scrofulous children, attended with profuse discharge and eczema of the nares. He thinks, from his experience in three cases, that the same method of treatment will probably be found useful in acute rhinitis. Europhen was also of value after operative procedures within the nose.

A 10-per-cent. ointment of europhen was, in the clinic of Dr. Siefert, extremely efficacious in the treatment of both the simple and fetid forms of atrophic rhinitis. The preparation was introduced upon cotton tampons, which were allowed to remain in place for about half an hour. The dryness gradually lessened, secretion increased, crusts and offensive odor disappeared. From one of the clinics of Heidelberg, Dr. von Szoldrski reports favorable influence in three cases of laryngeal tuberculosis with abundant muco-purulent secretion. This writer also testifies to its worth after operations upon the nose and larynx. Dr. Lowenstein has obtained good results from the use of europhen in perforating ulcer of the septum of the nose, and in epistaxis dependent upon erosion of the septum. Dr. A. Nolda has successfully used europhen in three cases of suppurative otitis media, in leg ulcer, chancre, and chancroid. In the last-named affection, a comparative study led him to esteem europhen as being more efficacious than iodoform. On account of its lightness, a given quantity of the former will cover five times as much surface as the same amount of the latter substance. Dr. Vulpius states that in the clinic of Professor Czerny, in Heidelberg, europhen has been employed with satisfaction in the treatment of accidental and surgical wounds, osteomyelitis and tubercular ulcers. A communication has been made by Dr. Juan Santas Termandez in regard to the value of europhen in ocular affections. He has employed this remedy in conjunctivitis,

keratitis, traumatism, and after operations, generally in the form of a 1-per-cent. ointment.

Dr. Eichhoff has made experiments with hypodermic injections of europhen in constitutional syphilis. He injected from ½ to 1½ grains dissolved in olive-oil once daily, and states that while, in some cases, the results were decidedly encouraging, he is not able to recommend the method for general adoption. Dr. Gaudin, of Paris, has written favorably of the effect of hypodermic injections of europhen in tertiary syphilide, in which he considers it more effective than in the secondary form of the disease.

Both aristol and europhen are prepared by the same firm of manufacturing chemists, and have similar therapeutic powers. Both substances are proposed as substitutes for iodoform, over which they possess the decided advantage of comparative absence of odor. It has been thought that the sphere of activity of each product may be enlarged by combination, and with this view a mixture of equal parts is offered under the name of europhen-aristol. The mixed product is an impalpable powder, of a buff color, a rather more pleasantly aromatic odor than europhen, and somewhat more resinous to the touch. It will, probably, be found superior in adhesiveness to europhen. The properties and uses of aristol I have already described. (*Medical Bulletin*, June, 1891.)

Specimens of europhen and europhen-aristol having been placed in my hands, I have carefully studied their effects in a number of cases to which they seemed applicable, and believe that europhen, like its predecessor, aristol, is entitled to rank as an acquisition to the list of therapeutic agents. My experience relates especially to accidents or diseases involving the integument.

Primary union promptly takes place in incised wounds when, after being cleansed and approximated, powdered europhen is kept applied to the surface. This substance, like aristol, will, no doubt, prove efficient as a dressing to many forms of operative wounds. In contused and lacerated wounds, inflammatory action is abated and destruction of tissue is minimized. The surface is maintained in a dry and aseptic condition, and the loss of tissue is solely dependent upon the extent of interference with the capillary circulation of the injured part. The devitalized tissue is protected from the action of pathogenetic organisms, which so often and so seriously complicates the case in these varieties of traumatisms. Chronic ulcers of the leg were favorably influenced by both the pure and the mixed powder.

One case in particular, I may cite by way of illustration: A large and indolent sore, of unhealthy appearance, had long been seated upon the lower third of the left leg of an old man. The veins of the limb were enlarged, tortuous, prominent, and engorged. The granulations were feebly organized, the surface was covered with sanious pus, was sensitive, and prone to bleed. The edges were callous and the lesion was surrounded by a zone of lividity. Many remedies had been used with little or no effect, and the patient, discouraged by ill success, had, perhaps, neglected scrupulous and constant attention to cleanliness. As a preliminary measure, I directed the surface to be cleansed with a weak, lukewarm solution of carbolic acid, and when the inflammatory products had, as far as possible, been removed, to be strewn with europhen-aristol powder, covered with a layer of borated absorbent cotton, and moderate compression exerted by means of a roller bandage carried from the foot to above the knee. Together with this local therapy, appropriate dietetic and constitutional measures were instituted, and the patient was directed to rest his limbs as much as possible in the horizontal position. A highly gratifying effect was pronounced. In the course of ten days, the character of the surface completely changed. Healthy granulations made their appearance, a course of repair was inaugurated which thenceforward proceeded steadily without interruption, and at the end of four weeks the surface was soundly cicatrized. An elastic bandage was ordered for the sake of supporting the toneless and dilated veins, and the patient dismissed.

A young girl, 19 years of age, presented, upon the left side of the neck, the characteristic and unsightly ulcer resulting from the degeneration of a scrofulous gland, with destruction of the overlying integument. The patient was of fair complexion, pale, and rather delicate in appearance, but free from any sign or symptom of pulmonary disease. A cicatrix upon the right side of the neck indicated the presence of former ulceration. The surface of the sore was uneven, covered by a grayish deposit, and from it issued a thin, puriform dis-

charge. The edges were undermined and of a dull-red color. Constitutional treatment was ordered, and the ulcer was dressed with powdered europhen, held in place with a pad of borated cotton. Improvement soon began, the suppuration diminished, the grayish exudation disappeared, the granulations took on a healthy aspect, and at the expiration of about three weeks I was able to discharge the patient with a freshly formed and healthy scar occupying the site of the lesion.

A woman aged 26 years, long the subject of lupus vulgaris, upon whose face both nodules and ulcers were present, who had been treated by many physicians and by almost every known method, was chosen as an excellent case by which to test the virtue of the new remedy. Twice or thrice daily, europhen in powder was freely dusted over the ulcerated surface, which was, in addition, irrigated every day with a carbolized solution. Amendment was manifest by the end of a week, and in three months' time the patient was discharged cured, at least for the present. Whether relapse shall occur remains, of course, for the future to decide. In another case, of still greater chronicity and obstinacy, an equally favorable result was obtained, though the progress of repair was more tardy.

A man, aged 68 years, of good habits, came to the Medico-Chirurgical Hospital on account of a superficial ulcer, situated upon the upper third and toward the outer border of the right thigh, about five inches below Poupart's ligament. The disease had begun as a hard papule, which was the size of a buckshot when first observed. After some months the skin had cracked and given exit to a thin, blood-stained fluid. This discharge soon dried and formed a thin, brown scab. Subsequently a roundish ulcer, with hard edges and a red base, had formed. The patient was undoubtedly afflicted with the superficial form of epithelioma. The ulcer, which had been cauterized and curetted to no avail, was the seat of pain. Europhen, in powder, was at first applied, but, not being followed by much improvement, the ointment form was resorted to, and after several trials a preparation containing from three to four drachms of europhen to the ounce of a fatty base was adopted as the most suitable to the morbid condition. Under this medication, the pain subsided and healthy granulations slowly sprang up, gradually spreading until the raw surface was entirely cicatrized. The ulcer was healed at the end of about four months after beginning the course of treatment. In another case, that of a woman 50 years of age, a small epithelial ulcer was seated upon the left ala of the nose. It had seemed in the beginning to be nothing more dangerous than a wart; sometimes a stinging, darting pain would be felt in the growth. At length the skin broke, a little sanious discharge escaped, dried into a brown crust, which the patient picked off, exposing a deep-red, raw, but dry surface, with hardened edges. This ulcer grew gradually and slowly in extent, and when the patient applied for relief involved nearly all the surface covering the ala and the cartilage. Aristol was first used upon this lesion, but, although some improvement was observed, the ulcer still remained open and irritable. Europhen was next employed, with about the same result. The sore manifested a slight disposition to heal, but no decided gain could be detected. For some weeks the two remedies were then used alternately, but still the condition remained comparatively unchanged. Finally, the mixture of equal parts of europhen and aristol was used, when the ulcer began to gradually but steadily heal from the bottom, and in about ten weeks a well-marked cicatrix had formed.

The upper lip of a young man was invaded by sycosis; was red, swollen, surmounted by papules, pustules, scales, and crusts. The lesions were numerous and had coalesced. Some of the pustules had freshly ruptured when he first came under my care, and the hair, which he had as closely trimmed as possible, was matted together in places. The patient suffered considerably from the sensations of heat, smarting, and tension in the affected part. After the crusts had been removed by the oil of ergot, I directed the part to be thoroughly cleansed by a weak lotion containing hamamelis, after which a 10-per-cent. ointment of europhen was placed upon the surface. The hair being closely cut, no difficulty was experienced in making the application. The subjective symptoms were rapidly alleviated and the objective manifestations soon began to improve. The ointment was placed upon the surface several times during the day, and its use was eventually followed by a complete cure.

After the necrosed tissue has been expelled, europhen powder dusted upon the surface of a carbuncle accelerates the work of repair. I

made use, in carbuncle, of the mixed powder, europhen-aristol, with the same good result.

A young man, aged 18 years, consulted me on account of papular acne upon the face and back, from which he experienced great annoyance. The lesions were abundant upon the cheeks and chin, were interspersed with comedones, and the patient, not otherwise ill-looking, was indeed sadly disfigured. Many external remedies had been used upon his face with little or no benefit; the red and indurated papules remained. The employment of a suitable diet, with some attention to the digestive organs, combined with europhen ointment, soon effected a change. The strength of the ointment varied from one to two drachms of europhen to the ounce of excipient. Under this treatment the lesions soon began to decrease in size and number, and at length disappeared under the use of the external treatment.

A middle-aged woman was sent to me, whose face exhibited a typical example of the second stage of rosacea. Upon the forehead, nose, cheeks, and chin the injected capillaries could be seen as bright-red streaks running parallel to each other in some situations, as upon the ala of the nose; while in other regions, as upon the cheeks and chin, they were arranged in tortuous curves. The skin was rough and thickened, and here and there upon the face were scattered papules and pustules. Locally, I directed the following lotion to be used:—

℞ Europhen, . . . ʒij.
Glycerini, ... fʒij.
Spr. odorati, . q. s. ad fʒj.
M. Sig.: For external use.

By the persistent employment of the measures recommended, the papules gradually retroceded, the pustules disappeared, and the capillary injection in great measure subsided. Altogether, the improvement was gratifying alike to physician and patient.

In several cases of facial erysipelas notable amelioration attended the use of an ointment containing from 10 to 20 grains of europhen to the ounce. The smarting and burning was soon relieved, the swelling diminished, and the eruption ceased to spread. The absence of offensive odor is an undoubted advantage which this substance possesses over ichthyol, which has of late been highly recommended and widely used as a topical agent in the treatment of erysipelas. In dermatitis caused by contact with rhus toxicodendron, the application of an ointment beginning with 10 grains and gradually increased to 1 drachm of europhen is well adapted to serve as a local remedy, after the vesicles have been ruptured. I made use of this substance, likewise, in several cases of herpes zoster which came under my care. The pain, or at least the distressing, burning, and smarting sensations, produced by the lesions of zona, are generally mitigated by the use of a dry powder. It is difficult, however, to keep the lesions covered, and for this reason the slight stickiness of the europhen powder, enabling it to cling closely to the surface upon which it is placed, renders it an excellent medicament in herpes zoster when situated, as it so often is, upon the side of the chest. In the form of a powder, I have also found it of advantage in seborrhœa oleosa. In this condition, I have directed my patients to wash the affected region, before going to bed, with a lukewarm solution of chamomile or boro-glyceride soap, and after thoroughly drying the skin to cover the surface with powdered europhen. The result has been quite satisfactory. The powder remains in place, absorbs the greasy discharge, and exerts a tonic and corrective effect upon the affected glands. The simultaneous internal exhibition of the tincture of hoang-nan, in the dose of 15 to 30 drops three times a day, will co-operate in bringing about a cure.

An ointment of europhen appeared to be of assistance in a case of alopecia circumscripta. The patient was a middle-aged merchant of good physique and a vigorous growth of hair, but who had been subject, for more than a year, to the double strain of keen anxiety and overwork. The hair suddenly fell out in spots, leaving several denuded and unsightly patches upon the scalp. In this instance the origin of the affection was evidently the perverted action of the nervous system. A certain number of cases are seen which lend probability to the view that alopecia circumscripta sometimes depends upon the growth of a parasite. In the case of which I write, the europhen salve was conjoined with the local use of galvanism, and I insisted strongly that, as far as possible, the tone of mind and habit of thought should be changed.

As a rule, no instant effect will follow the

application of europhen powder upon an unbroken surface. That in certain conditions in which the vitality of tissue is lowered it may give rise to an irritative eczema is shown by one of Dr. Eichhoff's cases. It has, however, sometimes appeared to me to exert a stimulant effect upon the integument and its glands. I have seen several cases of hyperidrosis in which the excessive secretion was manifestly restrained by frequently dusting the surface with europhen powder. To the unfortunate sufferers from bromidrosis of the feet, the europhen-aristol powder has given decided relief, arresting the discharge and removing its offensive odor. At night the feet should be bathed in a slightly stimulating bath, containing mustard-flour, salt, or alum, and, after being dried by brisk rubbing with a towel, the powder is sprinkled liberally upon the surface and between the toes. By day the powder is strewn in the stockings.

I have derived benefit from the use of europhen or the compound powder in a number of cases of eczema of different forms and stages. In acute vesicular eczema, europhen powder combined with subnitrate of bismuth has reduced the local inflammation, absorbed the serous exudation, allayed the heat and itching. A case of chronic eczema affecting the hands and feet was cured by the persistent use of an ointment composed of 1 drachm increased to 2 drachms of europhen to the ounce of lanolin. Eczema of the hands and feet is an obstinate affection.

The fissures which form are kept open by manual occupation or in the act of walking, the skin becomes thickened and the fissures are the seat of pain. A case illustrative of this condition was markedly benefited by the application of europhen-aristol. The patient was a man, aged about 40 years, who had long been afflicted upon the soles of both feet. The surface was painful; long and deep fissures had formed, from which issued a blood-stained serum; vesicles and fissures also existed between the toes. The patient was teased with constant itching, and locomotion was impossible. The treatment adopted was the dusting of europhen-aristol powder in the interdigital spaces, and the application to the plantar surface of an unguent containing from 1 to 2 drachms of the same powder to the ounce of rose-water ointment. The pain and itching soon began to decrease, and the fissures to heal. In the course of a week the patient could endure shoes, and a few days later he was able to go to his place of business. At the end of eight weeks he returned, free from the least traces of eczema. A distant rheumatic diathesis was present in this case, and an internal treatment was addressed to this underlying condition.

A woman, aged 37 years, sought my advice on account of a psoriasis from which she had suffered since girlhood. Patches were to be seen upon various parts of the body. At times the condition would improve, either as a result of medication or spontaneously; the disease would remain quiescent, but after an interval of uncertain periods an exacerbation would occur. It was during one of these relapses that I first saw the patient. Small patches were interspersed with large oval areas, upon which the characteristic grayish scales were seated. Here and there patches had coalesced, giving rise to fantastically-shaped lesions. In some places the scales had become detached, and a thickened, reddened, and slightly-elevated surface was exposed. The case, in fact, presented a typical picture of psoriasis. A uric-acid diathesis was evidently present in this instance, and probably accounts for the inveteracy of the malady. To the constitutional condition an appropriate therapy, which will not here be discussed, was given, while the local medication consisted in the application of a europhen-aristol ointment, the scales having been previously, as far as possible, removed by the usual methods. The ointment was at first made in the proportion of 1 drachm to the ounce of fat, but the strength was gradually raised to 3 drachms. The local measures obviously exerted a favorable influence upon the lesions. The amount of infiltration was markedly lessened, and she was dismissed with directions to continue the use of the ointment at any time that redness appeared. Aristol I had found beneficial in psoriasis, but the europhen-aristol seemed to produce a more decided as well as a more rapid effect.

In syphilis, my experience with europhen and aristol has been principally confined to the open lesions of the late secondary period. Upon ulcers and upon syphilitic rupia, after the latter had been cleared of its accumulated crusts, both the europhen powder alone and the mixture with aristol stimulated the work of repair. I have every reason to regard them as valuable adjuncts to the constitutional treat-

ment. Upon ulcers, often of considerable size, found upon the limbs in late syphilis, especially in those patients who lead dissipated lives, the mixed powder was of advantage. Chancres, chancroids, and open buboes are also benefited by the same application.

In the foregoing summary of cases, in which europhen has been employed with advantage, the aim has been to record the facts which I have personally observed. The cases briefly glanced at have been selected from a number as being suitable tests of the power of europhen. The solubility of europhen in olive-oil renders it well adapted for injection into pus-cavities, sinuses, and fistulæ. The freedom from offensive odor is a point in its favor. An excellent property of europhen is that it will not harden into compact cakes upon the surface to which it is applied. As an antiseptic dressing, europhen is of value, and the absence of toxicity is another point in its favor. The harmlessness and not unpleasant smell commend this substance in the surgical affections of children, and in gynæcological practice. That the mixture of europhen and aristol adds something to the efficiency of each is shown by the case of epithelioma, in which first one and then the other substance was used alone without effecting much benefit, while the mixed products speedily instituted a course of improvement. In some patients the powder acts more beneficially, while in others an ointment is productive of more favorable results. It may be necessary to increase or decrease the strength of the ointment according to the circumstances of the case. I have generally found that a proportion of 1 drachm of europhen to the ounce of excipient makes an efficacious ointment.

SOME IDEAS ABOUT FARADIC COILS.

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THERE is a great amount of ignorance in the profession concerning the efficacy of faradism as related to galvanism, and many practitioners imagine the two currents as equal in effect; and, therefore, as the coil is so cheap as compared with the series of cells needed in galvanic work, they get the one and expect it to perform all that both would do, when used intelligently. It has many times occurred to me that a number of queries were received asking information as to how the faradic machine would be used in maladies which I had named as being cured by constant currents, and where I had plainly stated that no other form of current was of use at all. One gentleman carried the matter to a controversial degree, because he could not afford to buy the cells required for a galvanic outfit, and insisted that I could tell him some way to make a mighty poorly-built coil do, and I only got rid of his letters by refusing to answer them. Let it be understood, therefore, that the *ampère* item in electrical work cannot be had from coils such as are used in medical apparatus, the *quantity* character in this mechanism being almost nothing, whilst the *pressure* (or voltage) is high. When we desire to act on the tissues in an electrolytic manner, we must have ampère power, and no amount of pressure will do the work of itself.

A faradic coil is constructed essentially in three parts,—the core, the primary, and the secondary. The first is better made of a bundle of soft wire, because that form of core parts with its induced magnetism more rapidly than does one of solid iron. The latter will do, however, if circumstances make it difficult for the builder to get the correct method when the physician does his own constructing. The core is surrounded by a coil of heavy (say Nos. 12 to 16), cotton, insulated wire, and should vary in length from seventy-five to six hundred feet. Surrounding this cell, which is the so-called "primary," there is another, of fine wire (say Nos. 24 to 36), which is better silk-wrapped, and this varies in length from five hundred to six thousand feet, and this coil is the "secondary." The primary coil is actuated by a cell of any desired character, and the better kind is the "Smee," on account of its cleanness, its readily-made and lasting solution, and its cheapness. Next to the Smee comes the "Leclanché," which is quite constant, but not easily repaired by the novice. The very worst of all the cells is the zinc-carbon kind, which employs the so-called "electropoion fluid." They are dirty, treacherous, and the cathodes are always breaking; the fluid is destructive to all it can touch, including the battery box, the posts, the cords, and the office furniture, to say nothing of the dress of the patients, who are anything but patient when they discover that the stains and

holes in their garments are due to your using this nasty mechanism. Now comes an important part of the matter. If we simply have a current flowing through the primary, we get nothing from the secondary, except at the beginning and ending of the *séance*. We must, therefore, have something which will start ("make") the current flow, and also stop ("break") its flow as often as we want it to do so, and it is requisite that this manœuvre be repeated very rapidly. The thing which does this is known as the "rheotome," or "interrupter." In any convenient point in the length of the primary coil there is inserted an electro-magnet, which forms part of the primary wire itself; that is, a short piece of iron, either in the built-up form of small wires, or the solid mass, such as forms the core on which the primary is wound, and about a dozen turns of the primary wire winds around this small core. Supported above one or both poles of this magnet (and it is preferable that it be above both) is a short strip of spring metal, one end of which connects with the primary at another point than that of the electro-magnet, and near the other end it abuts on a point of platinum, which makes the continuation of the primary. In other words, the primary, having wound around the core of the small electro-magnet, reaches the proximal end of the spring alluded to, and, as the free end of this spring does not touch the ends of the magnet, the circuit of the primary is broken at this point. The integrity of the length of the primary is, however, maintained by the spring touching the little platinum point alluded to, this point being attached to the continuation of the primary, and the current is thus free to *flow apparently*, but not in reality. When the current starts through the primary, the bundle of small wires becomes magnetic, and the spring is then attracted to the ends of the magnet; this *breaks* the flow of the primary current, and then the magnet, losing its attractive power, the spring is released, thus once more permitting the circuit to operate. Whilst the liquid in the cells is active and the anode and cathode in good condition, this action will continue indefinitely. Now comes in an important law in induction,—in fact, this is actually the matter of induction itself. If two insulated wires are so arranged as to be near enough to each other, but not touching, when a galvanic current is allowed to flow through the primary (or wire connecting the plates of the cell by way of the external circuit), there is a flow produced in the other wire not connected with the cell, or the secondary, at the moment when the primary flow begins. This current is extremely short in duration, *and its direction is the reverse of that of the primary*. Again, when the current in the primary is stopped, there is another current produced in the secondary, of similarly short duration, *and the direction of this current is the reverse of that first produced*,—it flows in a parallel line with the primary current. Thus, there is a change of direction in the flow, according as the induced current is made or broken; hence, there is a constant change of polarity. If, for instance, the right-hand binding-post of the primary is the positive (where the current leaves the cell), the direction of flow in the primary will always be from right to left, *but from left to right in the secondary*, when the "make" is made, *and the reverse* when the "break" transpires. Why there should be any "break" current is a mystery; the rational supposition would seem to be that when there was no inducing current there would be no induced current. Anyhow, there is a return flow, much as if the induced current came back again to where it started from, wherever that may be, and we catch it *en route*. Thus, whilst the right-hand post of the primary would (in the illustration) be the positive, the left hand one in the secondary would hold that position at the "make," and the reverse at the "break;" the galvanic, or inducing, current is constant in direction, and has true polarity, but the induced current has no polarity whatever, *and is purely an* ALTERNATING CURRENT. In the operation of an induction apparatus, the primary current is an *interrupted galvanic*, and the secondary an *interrupted* ALTERNATING.

It is not possible, in the ordinary makes of medical faradic machines, to get any direct induction current; although Kidder, in this country, and Molesworth, in England, do construct machines which have commutators which, by losing one pulsation, get around this difficulty; these are essentially double coils, which give each one-half their power alternately, thus losing 50 per cent. of their energy. They are unwieldy and unreliable, and have no more effect in therapeutics than the to-and-fro apparatus.

Once in a while you will come across a fellow who is such an inveterate liar that, after telling a yarn about a hundred thousand times, he will begin to believe it himself; and, in like manner, there is a tendency amongst physicians who know nothing about practical construction to wish polarity to exist in faradic machines, and to wish this so exceedingly strongly as to make them believe, after awhile, that there is polarity; and some of them will tell you that you can feel the negative (as they call it) more than you do the other. "Frequently we'll agree" as to the fact of feeling, but not as to cause. When one says he feels one pole to be stronger than the other, I am willing to say: "Yes, I know, that is so!" But that has nothing to do at all with polarity. The explanation is this: because of the self-induction of the coil in its superimposed layers of wire, there is produced at the "break" what is known as the "extra current," and this, added to the other flow, makes that particular pulsation the stronger. That is all.

Induction currents may be obtained by the revolution of coils of insulated wire before the poles of magnets, and these may be either permanent or electro-magnets. The old-fashioned boxes used by earlier electro-therapeutists were of this nature, but they have been displaced by those alluded to above. The current from them is harsh and irritating, because of the impossibility of getting up sufficiently rapid interruptions, particularly in the case of the permanent magnet style. The reason why the current from a magneto machine is coarse is as follows: In a coil actuated by galvanism the secondary current is instantaneously produced when the rheotome makes and breaks the primary current; but in the case of the revolving coils the secondary current is at its maximum when the centres of the induction coils are exactly opposite the centres of the field magnets, for here the axial lines of force are cut. When the centres of the revolving coils are half-way between the magnetic poles (or 90 degrees from them) there is no current in the secondaries, and, as the current is induced gradually after leaving the 90-degree point, and grows stronger as it nears the axial line of the fields, the induced current is necessarily what is known in electro-techniques as "swelling;" that is, it begins in a weak form, grows more intense till the maximum is reached, and then lessens in power till zero is attained. In commercial dynamos there is no difficulty in maintaining any desired speed, and the current of induction is smooth; but in medical machines of the whirligig style the comparatively low rotation is insufficient to maintain a smooth current. Right here I wish to enter a protest against the common twaddle of "soft" currents, so frequently used by writers. There is no such thing as a "soft" or "hard" current; it is all a matter of regular and equable production in the case of both galvanic and faradic currents,—a good apparatus giving steady flow in the instance of either, and a poor one sending out uneven, and, therefore, rough currents.

With an electro-magnet in which the fields are strengthened by a "shunt" wire, which feeds them, through derivation, to the point of saturation, we may get bearable currents (and differential as to quantity and pressure within narrow limits), as in the machines of McIntosh, of Chicago, and those of Waite & Bartlett, of New York; still, the galvanic method of induction is the better in the end. Motor-driven dynamos are expensive, and need close watching.

Induction may be carried much farther than to the secondary set of coils. I have made a set which carried the induction to the twelfth set superimposed, but the problem of hysteresis, both static and viscous, became troublesome. As the capacity of a wire is dependent on its cross-sectional area, we cannot increase the farads by lengthening it alone; the longer it grows, the higher the resistance. A point is reached, sooner or later, where voltage gets too high, even did resistance not interpose, and the patient cannot stand the pressure.

Faradism is simply stimulating; it has no electrolytic power worth mentioning, in comparison with the galvanic current; hence, the therapeutist must have both kinds of apparatus, to do his patients justice. I find, of late years, that I use the constant current in about 90 per cent. of all cases, and in a somewhat larger ratio in neurological instances. Faradism is rarely of use in gynæcological cases, and, did we rely more on galvanism than we do, the results would be better. I began by illustrating this in the reference to the man who wanted to find some way to use a coil instead of a battery of cells where the latter were absolutely demanded, and I may close by comparing the matter to the other man, who, in talking of

epicurean affairs, said that he "liked mutton because it was sheep," when the other replied that he preferred "venison because it was deer." It is largely a matter of cost in the case of those who want to pretend that they know something of electrotherapy; they would like to get along with the "sheep" plan when their own interest, in the long run, to say nothing of their duty to the patient, demands the "venison." It would be the best for all hands if electrical matters in medicine were referred to a few who would honestly do the work in a scientific and masterly manner; for this pretense of using electricity as it is done by the mass of practitioners is all folly, and much of the slur and sneer thrown on those who do know how to use this form of force expertly is due to the hap-hazard fooling with it by ignoramuses.

Much might be said as to the value of differentially-wound coils in therapeutics, for this point is little understood or thought of in medicine, but space forbids. I refer those who care to look into this matter to other papers of my own in this and other journals, previously published, and to any good work on electrical construction of dynamos and motors.

246 N. Twentieth Street.

ARTIFICIAL RESPIRATION IN ASPHYXIA NEONATORUM—A PLEA FOR HARVEY L. BYRD'S METHOD.

By EUGENE L. CRUTCHFIELD, M.D.,

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THE object of this paper is merely to call attention to a method of resuscitation in cases of asphyxia neonatorum, which, notwithstanding its many advantages, is strangely neglected. I refer to that known as the "Speedy Method," which originated with the late Prof. Harvey L. Byrd, A.M., M.D., of this city. Although given to the profession as far back as 1870, it still remains (comparatively speaking) but little known and infrequently used, while for simplicity, ease of employment, and efficacy it stands unrivaled.

The most important methods recommended in our text-books are insufflation of the lungs, either by the mouth-to-mouth process (a cloth having a hole of sufficient size to blow through corresponding with the infant's mouth having been placed over its face), or by means of a flexible catheter guided into the glottis, Sylvester's method, Marshall Hall's, and Schultze's. Many works on obstetrics do not even allude to Professor Byrd's method, among them being Playfair's and Lusk's, two of the leading treatises on midwifery in our language. It is, however, given in volume i of the "American System of Obstetrics" (edited by Hirst; published by Lea Bros. & Co.), and in Prof. J. Lewis Smith's well-known "Diseases of Infancy and Childhood." In both of these instances it is attributed to the American Supplement of Obstetrical Journal of Great Britain and Ireland, 1873. Dr. Byrd first published it in the Baltimore Medical Journal and Bulletin, 1870, page 646.*

In comparing the relative merits of the above-mentioned methods, it is hardly necessary to speak of the insufflation of the lungs, either by the mouth-to-mouth process or by means of a flexible catheter directed into the glottis. The repulsiveness of the first-named plan is alone sufficient to cause many accoucheurs to discard it, especially when other resources quite as successful are at hand. Moreover, if the insufflation is attempted by blowing directly into the mouth of the child, some of the air will escape through the nostrils, some will enter the stomach, while the remaining portion (which must obviously be very little) will pass into the lungs. To prevent this waste of the air, it is recommended that the operator place one hand over the nostrils and that the œsophagus be closed by placing the thumb and the fingers on opposite sides of the larynx and pressing it backward immediately before blowing into the mouth. As the physician must also compress the thorax to produce expiration, this method thus becomes rather complicated. At any rate, it has not the simplicity of Dr. Byrd's plan to recommend it. While, on the other hand, if the catheter is employed, the method becomes simpler, but is still open to another serious objection, viz., it does not entirely conform to the principles of natural respiration, for, whether performed by the mouth-to-mouth process or by means of a flexible catheter passed into the glottis, the physiological action of the diaphragm is not

* Medical Annals of Baltimore, by John R. Quinan, M.D.

represented. This point will be further dwelt upon in treating of other methods.

Dr. Marshall Hall's method "consists in placing the body in the prone position, making gentle pressure on the back, then removing the pressure and turning the body on its side and a little beyond, executing these movements sixteen times in the minute." The operator must, of course, be careful to roll the child on both sides, first on one and then on the other, for if this is not done the two lungs will not be equally stimulated to perform their function. Moreover, unless the child is changed from one side to the other, hypostatic congestions are liable to occur owing to the imperfect circulation. It will be readily seen that by this method inspiration and expiration are artificially produced. The objection to it, however, is that it is not in accordance with the fundamental principle of physiological respiration, viz., that the diaphragm should contract during inspiration and ascend in expiration. To explain: The pressure made upon the back while the child is in the prone position necessarily forces the anterior belly-wall inward, displacing the abdominal viscera. Pressure is thus exerted upon the under surface of the diaphragm so that the convexity of this musculo-fibrous septum (as seen from the side of the thorax) is increased. When the pressure is removed from the back of the child to allow air to enter the chest (thus simulating inspiration) the diaphragm merely returns to its normal shape,—that of a dome. The amount of air entering the lungs is not sufficient to cause it to flatten as when inspiration is performed upon physiological principles.

In the Sylvester method the infant is laid on its back, with the shoulders slightly elevated. The operator then grasps the elbows, the arms being everted so as to put the pectorales majores on the stretch and thus cause greater expansion of the thorax. The arms are then alternately raised until they meet above the head and slowly depressed against the sides of the chest. These movements produce the effect of inspiration and expiration. But in this, as in Marshall Hall's method, the air is not made to penetrate the lungs throughout their entire extent. In other words, the underlying principle of physiological respiration, viz., the free action of the diaphragm and the abdominal muscles, is ignored. Here, as when speaking of Marshall Hall's method, an explanation is necessary. By raising the arms above the head, the chest is expanded. But the effect produced directly upon the diaphragm by this means is much less than in Schultze's method and in that of Professor Byrd. Then, when the arms are lowered and pressed against the sides of the thorax (to cause expiration), a slight protrusion of the upper portion of the anterior belly-wall must needs follow, which is contrary to physiological principles, as this protrusion of the abdominal wall should occur only during inspiration.

Sylvester's method, however, is preferable to Marshall Hall's for the following reasons: 1. The expansion of the chest produced by the elevation of the arms allows more air to enter the lungs. 2. Although it does not stimulate the action of the diaphragm and the abdominal muscles, it does not hinder their free play to any great extent; whereas in Marshall Hall's method, the child being placed in the prone position (pressure at the same time being made on its back), the physiological exercise of these muscles in respiration is prevented.

"Schultze's method consists in attempts to produce alternate expansion and compression of the lungs by suspension and swinging of the infant. The child is grasped with both hands, with the thumbs resting against the thorax, an index finger in each axilla, and the fingers across the back. It is then suspended, with the face to the front, between the knees of the operator. In this manner elongation and stretching of the chest-walls are produced upward by the traction of the head, and at the base by the falling downward and backward of the lower extremities. The diaphragm is depressed. This elongation of the chest-walls promotes inspiration. Then, by swinging the child, by elevating the hands and arms forward above the horizontal line until the body is made to rest upon the thumbs, with the head flexed forward and the lower extremities falling forward and downward, the chest is compressed and the aspirated fluid and air are expelled. By repeating these movements at brief intervals, mechanical elongation and compression are kept up, which stimulate the movements of inspiration and expiration, and may establish spontaneous respiration. It should be continued until the breathing is full and complete."

The objections to this method are manifest. They relate, in the first place, to the infant, and, secondly, to the physician. As regards

the child, danger is to be feared of striking it against some object, especially in a small room, and there is also a risk of producing shock by tossing the infant, and thus the feebly-beating heart may be made to cease altogether. Lusk says: "If the child be *strong* and *well developed* and the heart beat *strongly*, I can heartily indorse the following method recommended by Schultze." [Italics mine.] Further on he observes: "When the color returns to the skin and the heart's action is restored, artificial respiration should be maintained by means of Sylvester's method, which is preferable to that of Schultze in feeble children, as it involves less exposure and less violent manipulations." From these quotations it will be seen that this eminent obstetrician is aware of the dangers to the child to be dreaded when Schultze's method is employed. Concerning the physician, it may be said that this mode of resuscitation is fatiguing, and this is a point that ought on no account to be ignored. If the operator be lacking in physical power because of advancing years or ill health, or if the child has been born after a tedious labor in which the application of the forceps was a necessity, when the strength of the more robust physician is often well-nigh exhausted, then the infeasibility of resorting to Schultze's method is apparent.

Harvey L. Byrd's method is free from any of the objections against Schultze's in that it is simplicity itself. It, moreover, acts in accordance with the principle of diaphragmatic respiration, and therefore it is to be preferred to the devices of Sylvester and Marshall Hall. It is as follows: "The physician places his hands under the middle portion of the back of the child, with their ulnar borders in contact, and at right angles to the spine. Extending his thumbs, he carries forward the two extremities of the trunk by gentle but firm pressure, so that they form with each other an angle of about 45 degrees in the diaphragmatic region. Then the angle is reversed by carrying backward the shoulders and the nates. An assistant may aid by supporting the head. By alternating these movements, Professor Byrd has succeeded in effecting resuscitation when other methods had failed, and when so much time had elapsed that the case would seem hopeless to most practitioners. The name and the position of Dr. Byrd commend this method to consideration and trial."

In this, it seems to me, we have an ideal method, one acting according to physiological laws, combining ease of employment and simplicity, exposing the child to no danger, and making no undue demands upon the strength of the operator. In addition to its meeting every requirement from a theoretical standpoint, its practical value is of equal importance. To those who have tried it, it has given the most satisfactory results. Being among this number, I speak from experience. Why it is not more frequently employed, I am unable to say. Nor can I imagine why so few authorities on obstetrics mention it in their works. If, however, this short article shall be the means of making it better known, of causing it to be more frequently resorted to, the object of the writer will have been accomplished.

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THE USE OF WATER IN FEVER.

By J. A. HOPKINS, M.D.

WHILST the medical world is on the move and has done much in the way of discovery of new remedies which lower the temperature of the body in fever, we hear but little of external medication. It is true that the books speak of baths, and the application of lard or oil, the use of which will do much for the relief of the patient by the softening of the surface and nourishing the system, but in order to gain any permanent relief they should be applied at regular intervals of one, two, or three hours, as the temperature of the patient may indicate.

There is another remedy, however, perhaps more powerful than any of these, and that is cold water. There is scarcely any form of fever whatever but will be benefited by sponging the patient gently. It may seem cruel at first; but the benefit is soon so apparent and the use of it so grateful to the patients that they will often ask for its repetition. We all know how refreshing and cooling a drink of water is to us in health, upon a warm day in summer; and yet, how much more is it to a patient being burnt up with fever! But what, perhaps, is a better way of application is to fill a vessel with the cold fluid and pour it in a small stream, from a height of one or two feet, upon the wrist of the sick person, for five minutes. By so doing you will rapidly reduce the temperature. The weight of water and the evapora-

tion of it tend very much to increase its good effects. The cooling stream directly over the ulnar and radial arteries tends to cool the current of red-hot blood which is passing through them. The coats of the arteries are contracted, which lessens the flow as well as cools the blood. Within the short time of half an hour you will find the temperature sensibly reduced, and by repeating the application when you find the temperature rising you will be pleased to know you have a remedy which is always safe and sure; the patient always expressing himself as feeling very much better, if he is conscious. You will do in a few moments what you cannot do in hours by internal medication. We ask the profession to try it, and in the way we speak.

MILTON, DEL., June 28, 1892.

CLINICAL LECTURE.

TRANSVERSE MYELITIS.

BY JAMES M. ANDERS, M.D.,
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GENTLEMEN: The patient before you, R. G., female, aged 22 years, was admitted to the hospital February 3d; she is married and has had two healthy children, the last of whom was born seven months ago. The confinement was easy, and the child was nursed until two weeks before the mother was admitted to the hospital.

The patient has always been well, excepting for an attack of influenza two years ago; she has never had convulsions and gives no specific history. The family history is entirely negative.

The first symptom noticed was an unsteadiness or staggering in the gait, which steadily grew worse until she was compelled to take to bed. This occurred at the end of two weeks, and since then she has been unable to move a single muscle of the lower extremities. She has had slight pains, feeling of formication, and sense of coldness in the feet, as well as pain in the back, just below the left scapula and extending along the ribs to the sternum in front. This pain was very severe and she was obliged to lie with the body twisted toward that side, as that was the only comfortable position; hence, she was unable to straighten the spinal column. In consequence there was decided scoliosis over the lower dorsal region, which it was found could be relieved by lifting the superincumbent weight from the spinal column. It was due to muscular contraction and prolonged position on that side. There was also partial anæsthesia of both lower extremities and of the trunk, the upper limit of anæsthesia being a line extending horizontally around the body from a point a little below the sternum.

In addition, the patient also complained of some difficulty in urination, and when admitted was sometimes obliged to wait fifteen minutes before urine could be expelled. She was also troubled with constipation and a little later lost partial control, even, at times, complete control, of the anal sphincter. Since admission she has improved a little in this respect and now seems able to control the rectal and vesical sphincters.

We tested the cutaneous reflexes after admission and found them almost entirely absent. On tickling, pinching, or pricking the skin, there was no response. Now, it is necessary, when you investigate this class of symptoms, that you do not simply touch the sole of the foot and then stop, because, often, if you persist, you will finally get cutaneous reflexes. In examining for cutaneous reflexes, we should test by cold, heat, pressure, and touch, as well as for painful sensations. Strange though it may seem, this woman can feel a very slight touch of the hand, whilst ordinary pricking she does not feel. Sensibility to heat and cold is almost entirely lost. We could not test for ankle-clonus, owing to the extended condition of the feet, but, on crossing the knees and allowing one leg to hang limp, the knee-jerk was found to be increased.

Now let us recall the symptoms in the order of development, and endeavor to interpret their meaning. The first symptom noticed was muscular weakness, followed by complete loss of power, which would indicate that the pathway for conduction of motor influences must be interrupted or diseased at some point. These influences are conveyed through the posterior portions of the lateral columns of the cord. In the next place, there came on paræsthesia and finally more or less anæsthesia, which would suggest that the posterior portions of the posterior columns are also affected. The fact that these two symptoms are bilateral would at once teach us that we must have a transverse or diffuse lesion of the cord. In the next

place, the sphincters are more or less implicated. At first there was constipation, and then loss of control of the anal sphincter, together with a tendency to retention of urine. But disturbances of the vesical and rectal sphincters furnish no points that will enable us to localize the lesion in the cord. In addition, we have loss of cutaneous reflexes with increased tendon reflexes in the lower extremities. Now, the arc which presides over cutaneous reflexes is situated in the lumbar region, and if we have an inflammation or degeneration in that part of the cord we have the cutaneous reflexes as to the lower extremities diminished or absent. But there are fibres above the reflex arc, which, if irritated, will impair or even destroy the cutaneous reflex.

We have, in addition, increased tendon reflexes. That portion of the cord which presides over the tendon reflexes, as they affect the lower extremities, is likewise in the lumbar region, which is a point to be borne in mind in this case. Now, the cutaneous reflexes are sometimes abolished or diminished when the lesion is above the lumbar region, though the arc controlling them is in the lumbar area. The same is not true in relation to the tendon reflexes. As a diagnostic point, then, the condition of the cutaneous is not so important as the condition of the tendon reflexes. From the fact that tendon reflexes are exaggerated, we conclude that the lesion is above the lumbar region. As additional evidence in favor of this supposition, there is absence of atrophy in the lower extremities. The atrophic centres for the lower extremities are also situated in the lumbar region of the cord, and if the lesion were there we should have degeneration of the muscles of the lower limbs. We should likewise have the evidence of reaction of degeneration, which is absent in this case. One more symptom, which goes to show that the lesion is not in the lumbar region, but higher up, is the anæsthesia which extends from below upward to a point just below the sternum. It is a well-known fact that, whenever the lesion is in the dorsal region, and especially the lower dorsal region, we have complete or partial anæsthesia extending nearly or quite as high as the sternum. The upper limit of anæsthesia, in these cases, generally corresponds to the lesion in the cord; at all events, the lesion in the cord is as high as the line of anæsthesia. Hence, we have the very best evidence that the affection is not in the lumbar but in the lower dorsal region.

It is easy to make an approximate location of the lesion, but to determine its exact nature is a more difficult task. Here we must consider the causes of so-called transverse myelitis or diffuse lesions of the cord. A great many cases occur without the existence of any known cause that would throw light upon the subject. In other words, strong men are stricken down without the history of any etiological factor that might account for the result, and even in the absence of those occupations which have been so often supposed to cause the disease. Occupations in which straining, laborious work is combined with exposure are almost universally believed to account for a large proportion of cases. This patient is a farmer's wife, has had to work hard, has had children in rapid succession, and was nursing a baby when seized,—all facts which may have sustained a causal relation.

Another common cause of this disease is syphilis. Again, it may follow any of the acute infectious diseases. There is no history of syphilis or any other complaint in this case to explain its causation. We must be careful, in cases of this kind, that the symptoms are not caused by pressure upon the spinal cord, and in order to eliminate pressure paralysis we must inquire concerning diseases and injuries of the spinal column, which we have carefully attended to in the present instance.

Again, similar symptoms may be produced by a variety of diffused tumors, or small new growths of the spinal cord; or, on the other hand, by a cavity in the spinal cord. These conditions cannot be differentiated.

From what I have told you, you will see that it is often very difficult to come to a definite conclusion; in fact, it cannot be accomplished further than we have attempted it to-day. All we can do is to eliminate specific disease, acute constitutional maladies, and the existence of pressure upon the cord.

The progress of these cases is almost always gradual. No matter how sudden the onset, they generally merge into a subacute or chronic condition, from which they rarely recover. The prognosis may, therefore, be said to be unfavorable, as a rule, though modified by the special etiology of individual cases. Pressure paralysis usually offers a favorable prognosis; myelitis, due to syphilis, is not curable in the

majority of instances, as might at first sight be supposed.

The treatment may be briefly considered. If you can elicit a definite history of specific infection, it is your duty to try antisyphilitic treatment. Give mercury until the gums are touched, and then iodide of potassium, from 20 to 90 grains daily. Mercury was exhibited in this case, despite the absence of history of infection. She is now taking the iodide of potassium. Not infrequently, as before hinted at, even though you push the antisyphilitic treatment, the case grows worse, and this, be it remembered, notwithstanding a definite, specific history. In such instances we must resort to other measures.

Important adjuncts to any form of treatment are electricity, baths, and massage, all of which we have here been using. The muscles respond well to the galvanic current. It should be pointed out that the slight emaciation, which is here present, may be attributed to inactivity or to general failure of nutrition. I prefer the galvanic to the faradic current. As the result of the method of treatment that has been pursued in this case, we can note but slight improvement in any respect, save, perhaps, the degree of control which she has regained over the vesical and anal sphincters. If, in the course of another week, no additional improvement is observed, I shall put her on the following remedial measure, viz., oxide of zinc in 2-grain doses thrice daily, discontinuing the iodide of potassium.

Gentlemen, the further condition of this patient will be reported to you.

ABSTRACTS.

TONSILLITIS AND PURPURA.

This was the subject of a communication made at the meeting of the French Society of Otology and Laryngology by Dr. Joal, of Mont-Dore. Lasègue, in 1868, promulgated the idea that, in certain instances, tonsillitis may be but a localized manifestation of a general condition. Bouchard, in 1881, declared that tonsillitis may be complicated with infectious albuminuria. Landouzy published, in 1883 and 1885, lectures upon "Tonsillar Fever," and insisted upon the essentially systemic character of the affection. Dr. Joal has heretofore reported several cases of orchitis and ovaritis occurring in the course of acute tonsillitis. Endocarditis and disease of joints have also been observed. In the present paper the writer describes three cases of purpura simplex which appeared shortly after an attack of tonsillitis. Similar cases have been encountered by Drs. Paul Le Gendre and C. Boeck. The mode of origin is believed to be through intoxication by soluble poisons, bacterial toxines, acting either directly upon the composition of the blood or through the vasomotor nerves.—*Revue de Laryngologie*, etc.

CONTRIBUTION TO THE STUDY OF DISORDERS (PARALYTIC AND ATAXIC) OF SPEECH CONSECUTIVE TO SMALL-POX.

Under this title M. Combemale has published a paper in Les Archives Générales de Médecine. He concludes that: In variola, as in all infectious maladies, nervous disturbance may occur during or after the eruptive stage, and may assume either the paralytic or ataxic form.

These nervous disorders are frequently localized, in the ataxic form, in the organs which serve for the articulation of words. Under their paralytic form they are more rarely observed in these parts, which they may affect as well as the other organs or systems. Of these disorders of speech, verbal ataxia is associated with an organic or functional alteration of the nervous centres, verbal paralysis (not aphasia) with the evolution *in situ* of variolous pustules excited by the products of bacterial secretion.—*La Tribune Médicale.*

INFECTION BY THE STREPTOCOCCUS IN SMALL-POX.

At a meeting of the Medical Society of the Hospitals, M. Chantemesse read, in the name of M. Le Dantec, a memoir of which the following are the principal conclusions:—

1. In small-pox death appears most often due to generalization of the streptococcus throughout the organism.

2. The streptococcus is found in the viscera, sometimes alone and at other times associated with colonies of other microbes, usually of the staphylococcus albus.

3. Under the influence of variola the streptococcus acquires an extreme virulence.

4. Variola, however mild in the beginning, always becomes serious if it develop within a system already infected by streptococci.

5. Treatment should be prophylactic as regards invasion of the organism by streptococci.—*La Médecine Moderne.*

ELIMINATION OF THE BROMIDE OF STRONTIUM.

At a meeting of the Biological Society, June 11, 1892, M. Féré reported that he found the bromide of strontium which he had administered to epileptics to be eliminated more rapidly and more completely by the urine than the bromide of potassium. The removal of the former, however, does not begin as soon as that of the latter salt. These facts unquestionably explain the absence of the cutaneous manifestations of bromism observed so often after administration of the potassium combination. The bromide of strontium accumulates less in the system.—*La Tribune Médicale.*

PTOMAINES IN CERTAIN INFECTIOUS DISEASES.

At a meeting of the Academy of Sciences, M. A. B. Griffiths reported that he had extracted from the urine of patients having measles a base which corresponds in composition to glycocyamidine. In the urine of those suffering from whooping-cough he has found a base identical with that produced by cultures of the bacillus of Afanasieff. This bacillus is found in the sputum of whooping-cough.—*Le Progrès Médical.*

TARDY DEVELOPMENT OF LEPROSY.

At a meeting of the French Society of Dermatology and Syphilography, M. Hallopeau reported the case of a man in whom the first manifestations of leprosy occurred thirty-two years after fifteen months' residence in Martinique. He had never lived in any other country where leprosy is endemic. This is the longest period of latency of an infectious disease ever observed. It differs, as M. Besnier has pointed out, from a stage of incubation. It may rather be compared to the state of a grain of wheat which, after resting inert for two thousand years in an Egyptian tomb, will sprout when sown in good soil. Facts of this kind show that we should maintain a strict reserve in regard to the possible transmissibility of leprosy in countries free from that disease. This slow development is not peculiar to lepra, but may occur in glanders, and is very similar to what may take place in tuberculosis.—*Le Progrès Médical.*

GONORRHŒAL RHEUMATISM IN CHILDREN.

At the same meeting M. Béclère read a paper describing two cases, one of which related to a girl 20 months of age, the other to a girl aged 5½ years. The latter had a vaginitis, and had been contaminated by a young man who suffered from gonorrhœa. The infant had a vulvo-vaginitis, which might be called gonorrhœa insontium, and had been infected by her mother, in whose bed she lay, and who had vaginitis. Both these children exhibited arthritis consecutive to the vaginitis. Gonorrhœal rheumatism may, consequently, occur in the child as in the adult. It seems exceptional, but this may be because it has been overlooked. M. Béclère has found reference in medical literature to two or three more cases of the same kind.—*Le Progrès Médical.*

ASSOCIATION OF ANGINA WITH ERYTHEMA.

At a meeting of the French Society of Otology and Laryngology, M. Ferras reported the case of a patient suffering from angina, who exhibited a pronounced erythema marginatum of the lower extremities, with fever, adynamia, and endocarditis. — *Le Progrès Médical.*

SUPPURATIVE POLYDACTYLITIS WITH ALTERATIONS OF THE NAILS.

At a meeting of the French Society of Dermatology and Syphilography, M. Hallopeau described a case, the second which he had observed, from which he drew the following conclusions: The microbes of suppuration may excite, in predisposed subjects, a suppurative inflammation of the digital extremities and of the palms, remarkable on account of its tendency to indefinite reproduction, by the ephemeral character of its attacks, by the peculiar aspect which the diseased parts present, and by the nutritive changes in the nails which attend its course. Local asphyxia and eczema may be predisposing causes. It may be accompanied by an extensive outbreak of pustular dermatitis. The buccal mucous membrane may be invaded by the same lesions. These attacks may be explained either by bacterial invasion or by absorption into the circulation of poisons engendered by the microbes, which give rise to the suppuration of the fingers. This affection differs from eczema, with which it appears to have been confounded.—*Le Progrès Medical.*

HALLUCINATIONS ACCOMPANYING FACIAL NEURALGIA.

At a meeting of the Biological Society, M. Féré spoke of a case affecting the three branches of the trigeminus, in which hallucinations affected the sense of hearing. The manifestations took the form of buzzing or roaring noises, and of threatening voices, heard upon the side attacked. This makes the second case of the kind which the speaker had observed. He had heretofore reported a case of herpes zoster of the face in which sensorial hallucinations occurred upon the affected side.—*Le Progrès Médical.*

THE ACTION OF HYDROCYANIC ACID UPON CALOMEL.

At a meeting of the Therapeutical Society, M. Patein remarked that it had been said that a small quantity of hydrocyanic acid rapidly transforms calomel into corrosive sublimate. The same change should be exerted by cherry-laurel water if given with calomel. M. Patein had made several observations upon the subject and had found that association of the two medicaments was no more toxic than when the hydrocyanic acid was given alone. He is, therefore, of the opinion that if accidents have occurred from the combination, they were due to the use of too large a dose of hydrocyanic acid.—*Le Progrès Médical.*

OVARO-SALPINGITIS CAUSED BY MEASLES.

At a meeting of the Medical Society of the Hospitals, M. Galliard read a paper, in his own name and that of M. Beaussenat, describing a case in which rupture of an ovarian abscess gave rise to a peritonitis, at first local, but which became general, and occasioned death. The patient was a virgin, 25 years of age, who had never suffered from any trouble of the genital organs. About the sixth day of an attack of measles a menorrhagia occurred. On the thirteenth day the temperature was elevated, and the woman began to complain of pains in the right iliac fossa. At the same time the abdomen was swollen. On the twenty-second day M. Monod performed laparotomy. Pus escaped; the bowel was red and covered with false membranes. There was a collection of pus in the iliac fossa. The abdominal cavity was drained after the peritoneal surface had been irrigated. The patient died upon the twenty-sixth day. The peritoneal pus contained streptococci. At the autopsy the heart was found normal. The ovary was swollen and contained small purulent collections. The Fallopian tube was enlarged and enveloped in false membranes; upon being opened a certain quantity of pus was found. — *Le Progrès Médical.*

PERINEPHRITIC ABSCESS DUE TO PNEUMOCOCCI.

At a meeting of the Biological Society, M. Tuffier reported the case of a female patient in the Hospital Beaujon who suffered from broncho-pneumonia and a left-sided pleurisy, in whom the symptoms of perinephritic abscess were soon manifested. An incision was made and the pus evacuated, but the patient soon succumbed to a pneumonia of the opposite side. Pneumococci were recognized by M. Girode in the cavity of the abscess, in the pleural cyst, and in a band of cellulo-fatty tissue which extended across the diaphragm between the two sacs. M. Tuffier knew of but one similar case on record.—*Le Progrès Médical.*

NECROSIS OF THE LABYRINTH AND FACIAL PARALYSIS CONSECUTIVE TO SCARLET FEVER.

At a meeting of the German Medical Society, of New York, Dr. M. Toepletz related the history of a case which had fallen under his observation. The patient was a little girl 4 years of age. The paralysis was followed by a discharge from the ear and disturbance of equilibrium, beginning soon after an attack of scarlatina. The suppuration from the left ear was accompanied by a luxuriant growth of polypi and continued for upward of two years. After the removal of two sequesters the process came to end, leaving behind it a scarcely noticeable paralysis of the face and deafness in the left ear. The discharge and polypi have not re-appeared. The bone removed constituted a portion of the cochlea. The speaker remarked that this sequela generally attacked male children and lasted at least a year, usually longer and often for more than twenty years. It is, as a rule, a one-sided affection. The necrosis is generally secondary to inflammation of the middle ear, but in three of the sixty-five recorded cases the disease of the labyrinth was primary. The discharge is always continuous, profuse, and fetid. Pain is also a

marked feature. Fever and chills occur only from complications. Polypi are always produced. Disturbance of the sense of equilibrium occurs exceptionally because a compensation is effected through the semicircular canals of the other side, the sensibility of the skin, the muscular sense, and by sight. Disturbance is, however, decided when both sides are involved. Subjective derangement of audition is rare after the sequestra have been separated. Disease of the labyrinth should be suspected in every case of facial paralysis accompanied by prolonged suppuration.—*New Yorker Medicinische Monatsschrift.*

ACTION OF CACTIN.

Sultan has extracted an active principle, which he terms cactin, from the young flowers of the *Cereus grandiflora* and from experiments upon animals concludes that (1) cactin augments the energy of the cardiac contractions. 2. It heightens arterial tension and greatly increases the height and force of the pulse-wave. 3. It exerts an influence upon the nervous system through a direct action upon the motor centres of the spinal cord, produces reflexes, and increases the general nervous tone. It is efficacious in functional disturbances of the heart, while it is particularly useful in valvular disease, above all in aortic insufficiency, since this occasions a short diastole. For the same reason it is not indicated in mitral stenosis. It can be used for a long period without causing gastric symptoms or cumulative effect.—*Deutsche Med. Zeitung.*

CHLORIDE OF BARIUM IN SCROFULA.

Lelli prescribed this salt, in doses of from 3 centigrammes to 2 decigrammes (½ to 3 grains), once or twice daily, to seventy-six children, aged from 2 to 12 years. It proved efficacious in the gastritis of children afflicted with the torpid form of the affection (of thirty-seven patients diarrhœa ceased in twenty-five); on the other hand, in the florid form it was not merely useless, but actually harmful. In general, it has, by itself, no influence upon the diathesis. The best mode of administration is to give it a short time after a meal.

For three or four days after institution of the treatment the diarrhœa becomes worse, but subsequently, in favorable cases, it diminishes and the stools become more consistent. The general condition improves, and a cure results in from two to four weeks. In the beginning the remedy irritates the mucous membrane of the bowel and renders more acute the process which had been chronic; but finally it modifies favorably the mucous membrane.—*Le Médecine Moderne.*

SUPPURATIVE ARTHRITIS COMPLICATING ERYSIPELAS OF THE FACE.

At a meeting of the Medical Society of the Hospitals, M. Galliard remarked: "Suppurative arthritis not infrequently follows erysipelas of the limbs. I have seen one such case terminate in death. The patient was a woman, who came into the hospital suffering from phlegmonous erysipelas of the right lower limb. On the contrary, suppuration of a joint is a rare complication of facial erysipelas. During six months' service in the Saint Anthony's I have seen but one case."

A young woman, 21 years of age, was attacked by facial erysipelas of no unusual severity. On the sixth day unfavorable general symptoms appeared, and the next day inflammation of the right knee was recognized. During the following days the lesion became worse, and on the tenth day the joint was opened. The patient died, and at the autopsy considerable destruction of the joint was found, together with an acute nephritis. The pus in the joint contained a few streptococci and numerous staphylococci.—*Le Progrès Médical.*

PEMPHIGUS OF THE CONJUNCTIVA.

At a meeting of the Royal-Imperial Society of Vienna, H. Müller exhibited a case of generalized pemphigus with an eruption of vesicles upon the skin, buccal mucous membrane, and conjunctiva. The disease began about a year ago upon the skin and subsequently attacked the conjunctiva. The left conjunctiva was completely retracted and the lid adherent to the globe of the eye. Upon the right side a portion of the conjunctival sac was still in existence, but the cornea of that side presented an ulceration covered with macerated epithelium. Several attempts at mucous grafting had failed.—*La Tribune Médicale.*

THERAPEUTIC NOTES.

HÆMOSTATIC ACTION OF ARASA.

From observations made by several physicians of Montevideo, it appears that arasa, a drug derived from a plant native to Brazil and Uruguay, is an excellent remedy in metrorrhagia and is capable of succeeding where hydrastis has failed. The active principle resides in the tuberosities of the root, and, above all, in the bark of the root, which is quite thick. Two grammes of the bark boiled in a cup of water are administered several days before and during the catamenia. The taste resembles that of cascarilla. No untoward effects have been observed.—*La Méd. Moderne.*

AN APPLICATION FOR CORNS AND WARTS.

A mixture of one part each of lactic acid and salicylic acid in eight parts of collodion is recommended as an excellent application to warts and corns, effecting their removal in a short time.

DIPHTHERIA.

For a child from 2 to 6 years of age, Dr. J. H. Hieber, of Pittsburgh, Pa., advises the use of:—

℞ Hydrarg. chlorid. mitis,
Salolis,
Sacchar. alb., . . āā ʒss.
M. et div. in chart. no. xxx.
Sig.: One powder every hour.

He has seen this combination cause disappearance of the membrane in forty-eight hours. He follows the powder by:—

℞ Potass. chlorat., . . ʒss.
Quinin. sulph., . . . gr. viij.
Glycerini, ... fʒij.
Sp. vini gallici, . . . fʒss.
Aq. menth. pip., . . . fʒj.
M. ft. sol.
Sig.: Teaspoonful every four hours.

COMBINATION OF EXALGINE AND SALICYLIC ACID.

M. de Parrel, of Dieppe, states that when these substances are rubbed together in a mortar they liquefy, just the same as camphorated naphthol, camphorated salol, camphorated menthol, etc. The addition of a small quantity of camphor to the mixture of exalgine and salicylic acid renders it still more fluid. This mixture has the same effect as salicylic or lactic acid upon epidermic productions, and may be utilized in the preparation of salicylated pastes.—*La Méd. Moderne.*

DYSPNŒA OF HEART DISEASE.

Little, in the Birmingham Medical Review, states that he has employed for many years the following solution in the hypodermic treatment of the dyspnœa of cardiac disease:—

℞ Sulphate of morphine, . gr. iv.
Hydrate of chloral, . . gr. ij.
Atropine sulphate, . . gr. 1-10
Camphor-water, enough to make 4 drachms.
Sig.: Fifteen minims at a dose.

The chloral is added merely to make the solution keep. It renders the injection slightly painful, and may be left out if the liquid is to be used within two or three weeks of the time that it is prepared.—*Therapeutic Gazette.*

CARBONATED CREASOTE-WATER.

℞ Creasote, . . . 1–2 grms.
Cognac, . . . 50–100 grms.
Simple syrup, . . 300 grms.
Tincture peppermint, 30–40 drops.
Water saturated with carbonic acid, . 2000 grms.
—*El Siglo Medico.*

ARISTOL IN ULCERS OF THE CORNEA.

M. Vignes has successfully employed aristol in thirty serious cases. He regards it as an excellent disinfectant, and as shortening the time of treatment.—*Le Progrès Médical.*

TÆNIA.

M. Laborde proposes the formula:—

℞ Strontii lactat., . . . 20 grms.
Aq. destillat., . . . 120 grms.
Glycerini, ... q. s.
M. ft. sol.
Sig.: Two tablespoonfuls each morning for five days.

CHRONIC GASTRITIS.

Dr. G. W. Simpson, of Maryville, Mo., recommends:—

℞ Sodii bicarb., . . . gr. lxxx.
Spt. chloroformi, . . ʒiss.
Tr. gentianæ, . . . ʒss.
Infusi rhei, ... ʒiv.
Aq. menth. pip., q. s. ad ʒviij.
M. Sig.: A teaspoonful before each meal.

The patient must not eat anything greasy or very sweet, must have regular habits, and diet must be light and not overload the stomach.

Also, the following to be taken with the above:—

℞ Argenti oxidi, . . . gr. xij.
Ext. belladon., . . . gr. iij.
Olei caryophylli, . . gtt. xx.
M. ft. pil. no. xxiv.
Sig.: One pill twice daily.—*The Prescription.*

SERPENTARIA IN RHUS POISONING.

Dr. J. R. Fritts, of Mexico, Mo., has had excellent results (Medical Standard) in rhus poisoning from penciling the affected part and its immediate surroundings thrice daily with fluid extract of serpentaria.—*Western Druggist.*

CARDIAC HYPERTROPHY IN CHILDREN.

Prof. Germain Sée has shown that cardiac ectasia or hypertrophy is very frequent in growing persons. Dr. R. Blache divides them into three groups, according as one of three following symptoms predominates: Tachycardia, dyspnœa, or headache. In this state, due to the development of the thorax being less than that of the hypertrophic heart, the aim of treatment is to moderate the overactivity of the heart and increase the thoracic capacity. As remedies, he employs digitalis with or without iron, caffeine, and especially the tincture of convallaria, either alone or together with the iodide of potash. In cases where the tachycardia is accompanied with chloro-anæmia, the writer uses the following formula:—

℞ Peppermint-water, . . 260.0 grms.
Tartrate of iron and potash, 4.0 grms.
Tinct. digitalis, . . 2.0 grms.
Syrup of ether, . . 40.0 grms.
M. Sig.: A teaspoonful before each meal.

Where there is simple tachycardia without anæmic symptoms, one may give 8 to 10 drops of the tincture of convallaria majalis morning and evening. One may also prescribe frictions of alcohol to the skin by means of a woolen glove, which treatment the writer prefers to hydrotherapy. The diet should be substantial and nourishing. Appropriate gymnastic exercises, especially those which enlarge the chest, are to be recommended, while all violent exercise is to be avoided. Massage of the thoracic muscles, as well as those of the limbs and trunk, is of service.—*Cincin. Lancet-Clinic.*

NEURASTHENIC HEADACHE.

According to Dr. Allan McLane Hamilton, headaches are quite various as well as varied. The "neurasthenic" group includes a long list of irregular headaches of obscure origin, but dependent more or less upon conditions of neural weakness; many are due to eye-strain, many to ovarian or uterine disorders, but in most cases no cause can be discovered. So, recourse must be had to general measures. The bromide of caffeine is often serviceable. The following formula is recommended:—

℞ Ammonii carbonatis, . ℥iij.
Tinct. moschi, . . . ℥vj.
Spts. lavandulæ, . . . ℥j.
Elix. ammonii valerianatis, ℥viij.
M. Sig.: Two teaspoonfuls at a dose, in water.

The most efficacious preparations for continuous treatment are those of the restorative class. A pill of arseniate of strychnine, strophanthus, and quinine may be tried with expectation of great benefit, thus:—

℞ Strychninæ arseniat., . . gr. ss.
Sem. strophanth., . . gr. vj.
Quininæ sulphat., . . ʒiiss.
M. ft. pilulæ no. xlviij.
Sig.: One or two after each meal. Ethereal acetate of iron may be administered one hour after the meal, with great advantage in many cases.

PRURITUS.

℞ Menthol, ... 4 grms.
Alcohol, ... 30 grms.
Water, ... 60 grms.
Acetic acid, . . . 150 grms.
M. Sig.: Apply with a sponge.—*Le Progrès Médical.*

INHALATION FOR ASTHMA.

The following mixture, to be inhaled during an asthmatic attack, is of value:—

℞ Ether, ... ℥j.
Oil of turpentine, . . . ℥iv.
Benzoic acid, . . . ℥iv.
Balsam of tolu, . . . ℥ij.—M.
—*Indian Med. Record.*

ANTISEPTIC SALVE.

The following is well recommended as an antiseptic salve:—

℞ Zinc. oxydat., . . 3.0 dcgrms.
Zinc. chlorat., . . 1.5 grms.
Gelatin., . . . 20.0 grms.
Aquæ, ... 30.0 grms.
—*Med. and Surg. Reporter.*

PURGATIVE EMULSION FOR CHILDREN.

℞ Castor-oil, ... 15 grms.
Infusion of coffee, . . 60 grms.
Sugar, ... 20 grms.
Yelk of 1 egg.
—*La Méd. Moderne.*

OINTMENT FOR SYCOSIS.

℞ Acid. tannic., . . . gr. xxiv.
Sodii lactat., . . . ʒj.
Zinci oxidi,
Amyli, . . . āā ʒiij.
Vaselini, ... ℥j.
Ft. unguent.
M. Sig.: Apply twice daily to the skin, carefully shaved.—ROSENTHAL, *L'Union Méd.*

A NEW TREATMENT OF PHTHISIS.

Dr. Coromila claims a favorable result from inhalations, repeated four or five times daily for two to five months, of a mixture of 15 to 30 grammes of sulphide of carbon, 10 grammes of phosphate of calcium, and 150 grammes of water.—*La Méd. Moderne.*

INCIPIENT PHTHISIS.

℞ Creasoti (beech-wood pure), gr. xv.
Balsami tolutani,
Pix liquida, . . āā gr. xxxv.
M. ft. capsulæ no. xx.
Sig.: One three times a day after eating.—PROF. SAMUEL BELL, in *Detroit Emergency Hospital Reports.*

CONCENTRATED SOLUTIONS OF BORIC ACID.

The solubility of boric acid in water is increased by the addition of a certain quantity of calcined magnesia or carbonate of magnesium.—*La Méd. Moderne.*

NASAL DIPHTHERIA.

The following for insufflation will be beneficial:—

℞ Sulphur,
Iodoform,
Bismuth subnitratii, . āā ʒj.
M. Sig.: Use with powder-blower in mouth and throat.—DR. C. C. MOORE, in *Med. and Surg. Reporter.*

WHOOPING-COUGH.

Galvagno has employed antipyrin combined with resorcin in the following formulæ in the treatment of whooping-cough in children:—

℞ Distilled water, . . . f℥iiiss.
Resorcin,
Antipyrin, . . āā gr. xv.
Hydrochloric acid, . . gtt. x.
Syrup, ... f℥j.

Or,

℞ Syrup of acacia, . . f℥iiiss.
Resorcin,
Antipyrin, . . . āā gr. xv.
Syrup, ... f℥j.
M. Sig.: Of this, 3 to 5 dessertspoonfuls are given each day.

Under this treatment the duration of the disease, according to the author, does not exceed twelve days.—*Med. and Surg. Reporter.*

CATARRH OF THE PHARYNX.

℞ Sulph. zinci, . . . gr. xv.
Thymolis, ... gr. 1-8.
Alcoholis, . . . āā ʒiss.
Glycerini puri,
Aq. menth. pip., . . ℥x.
M. Sig.: Gargle.—*St. Louis Clinique.*

SULPHUR IN THE TREATMENT OF CHLOROSIS.

Prof. Hugo Schulz (Med. Neuigkeiten) recommends sulphur in cases of pure chlorosis where iron has no action. In such cases the general condition is much improved by the use of sulphur. After this drug has been given for a time, the use of iron may be begun again and successfully carried out. On the contrary, it is not well borne in catarrhal and inflammatory states of the gastro-intestinal tract. The form of administration is:—

℞ Flowers of sulphur, . . ʒiiss.
Milk-sugar, . . . ʒxxv.
Sufficient for ten powders. A knife-pointful three times a day.—*Cincinnati Lancet-Clinic.*

HEPATIC COLIC.

Hepatic colic with vomiting is treated by Lemoine with a teaspoonful of the following every fifteen minutes:—

℞ Chloroform,
Tinct. myrrh, . . āā ♏xv.
Mucil. acac., . . . fʒij.
Syrupi, ... ℥iiiss.
—*Doctors' Weekly.*

TREATMENT OF MERCURIAL STOMATITIS.

The Therapeutische Monatshefte recommends the following mouth-wash for mercurial stomatitis:—

℞ Tincture of nut-gall,
Tincture of myrrh,
Tincture of rhatany, . āā ʒj.
M. Sig.: This is to be painted on the gums.

As a tooth-wash, under these circumstances, the following is stated to be useful:—

℞ Precipitated carbonate of lime,
Calcined magnesia, . āā ʒiv.
Powdered cinchona-bark, . ʒiv.
Chlorate of potassium, . ʒj.
Powdered rhatany-root, . ʒij.
Powdered soap, . . ʒvj.
Essence of peppermint, . ♏xlv.
—*Therap. Gazette.*

OZÆNA.

According to Dr. Th. Flatau, of Berlin, the best treatment of fetid atrophic rhinitis is the following:—

At first the larger crusts in the nasal cavities are removed with a large, blunt probe (armed or not with a small pledget of cotton). Then the mucous membrane is sprayed for a few minutes with a 10- or 15- per-cent. solution of hydrogen peroxide, in consequence of which the smaller crusts become surrounded by a white froth, which makes them apparent, thus permitting of a complete cleansing of the mucous surface. Then a 10- or 20- per-cent. iodol-gauze bandage is impregnated with the following ointment:—

℞ Sozo-iodol zinc, . . . ʒss–j.
Vaselin,
Lanolin, . . . āā ʒss.
Liquid paraffin, . . . q. s.
M. Externally.

With this impregnated gauze the walls of the nasal cavity are lined in a manner as to leave in the centre sufficient space for the passage of air, this tamponade being repeated daily for four to six weeks. If possible, the tampon is retained for twenty-four hours; but if the secretion becomes very abundant it is removed sooner.

It is claimed that this treatment dispenses with irrigating the nose or, at least, reduces the necessity of the same to a minimum.—*Merck's Bulletin; Weekly Med. Review.*

TREATMENT OF OBSTINATE NEURALGIA WITH HYOSCYAMINE.

M. Verneuil, in a communication to the Surgical Society of Paris, referring to the surgical treatment of obstinate neuralgia, said that all therapeutic resources should be exhausted before surgical interference was undertaken. He recalled a case which was cured by hyoscyamine after resection of all the ends of nerves and even amputation had failed to give relief. —*Medical Record.*

SORE NIPPLES.

Dr. Oehren (Therapeutische Monatshefte) recommends ichthyol in the treatment of sore nipples, and according to the following formula:—

℞ Ichthyol, . . . grms. iv (ʒj).
Lanolin,
Glycerin, . . . āā grms. v (ʒi¼).
Olive-oil, . . . grms. x (ʒiiss).
—*Med. and Surg. Rep.*

For a case of pyelitis Professor Da Costa prescribed 5 minims of oleum santali, in capsules, three times a day, with mild diuretics and mild diet. Quinine should also be given. —*Coll. and Clin. Record.*

Prof. Hare considers nitrite of amyl the best drug to stop persistent spasmodic hiccoughing.

ACNE.

In cases of moderate severity Fournier prescribes:—

℞ Sulfuris loti, . . . ʒiij.
Spirits of camphor, . . ʒj.
Aquæ destillat., . . ʒviiss.
M. ft. lotio.

TO DRY UP THE LACTEAL SECRETION.

℞ Atropinæ sulphat., . . gr. viij.
Adipis, ... ʒj.
M. ft. unguent.
Sig.: For local use, once daily.

Besides this, employ the breast-binder and laxatives.

As the above is quite a "strong" ointment, it has to be used with due caution, easily exercised by a physician who knows the physiological action of atropine.—A. F. Juettner, M.D., Cincinnati, O., in *Medical World.*

FORMULA FOR SALOL.

Dr. Balestier recommends the following formula:—

℞ Salol, ... 5 grms.
Gum arabic, . . 4 grms.
Gum tragacanth, . 0.20 grm.
Dist. water, . . 120 grms.
Tr. tolu, . . . 10 grms.
Simple syrup, . . 30 grms.

A tablespoonful contains ½ grm. salol. Dose, 5 to 10 spoonfuls per day.—*Rev. de Thérapeutique.*

PREPARATION OF MERCURIAL OINTMENT.

According to Borntraeger, a small amount of oleate of mercury is exceedingly efficient in the extinguishment of mercury during the preparation of mercurial ointment.—*Pharm. Era.*

TREATMENT OF DYSENTERY.

Drs. Lardier and Pernet (Semaine Médicale) recommend the following treatment of dysentery,—one which they have employed with the greatest success in the recent epidemic at Rambervillers, Vosges.

It is based on intestinal antisepsis, either by means of salol or, better still, iodoform. The former is prescribed in the following formula:—

℞ Salol, ... gr. xlv.
Tolu tincture, . . . fʒiiss.
Quince syrup, . . . fʒvj.
Opium extract, . . . gr. iss.
Mucilage acacia, . . ʒiv.
Tablespoonful hourly.

This medication is reported to act in a very favorable manner on the morbid process. However, the medicament which was found to have truly remarkable effects in dysentery is iodoform in the daily dose of 30–40 centigrammes (4½–6 grains). The following formula is given:—

℞ Iodoform, ... gr. xv.
Powdered opium, . . gr. ix.
For 20 wafers,—5 or 6 during the day at equal intervals.

These wafers soon produced marked relief in the authors' cases.

The incessant and extremely violent tenesmal pains were calmed by boric-acid enemas, but the best means of combating them was found to be the use of suppositories of the following composition:—

℞ Cocaine hydrochlorate, . gr. vj.
Powdered opium, . . gr. ix.
Cacao-butter, . . . ʒij.
Divide into 4 suppositories,—1 morning and evening.

Under the influence of the cocaine, the griping disappeared as if by charm, the diarrhœa ceased, and the patients obtained a refreshing sleep of several hours' duration.—*Western Med. Rep.*

℞ Salol, ... ʒj.
Syrup of tolu, . . . ʒij.
Extract of opium, . . gr. ij.
Cognac, ... ʒj.
Gum-water, . . . ʒvij.
A tablespoonful every hour.—*Med. Press.*

A SUCCEDANEUM FOR GUM ARABIC.

Boil one part of flaxseed with eight parts of dilute sulphuric acid and eight parts of water. The mixture at first thickens considerably, but gradually becomes fluid as it boils. When it has become fluid, filter and add to the solution four times its volume of concentrated alcohol. The precipitate is taken up, washed with alcohol, and dried.

The result is an amorphous, colorless, insipid substance, having the properties of gum arabic: like it, dissolving in water to form a thick paste.—*La Médecine Moderne.*

THYMACETIN.

Thymacetin is a compound related to thymol in the same manner as is phenacetin to phenol; it has the formula $C_6H_2(CH_3)(C_3H_7)(OC_2H_5)NHC_2H_3O$. It forms a white crystalline powder only slightly soluble in water; in doses of 0.25 to 1.0 grm., it generally relieved nervous headaches and occasionally acted as a hypnotic—*Pharm. Zeitung*, 1892; *Times and Reg.*

HYDRARGYRUM PYROBORICUM.

Hydrargyrum pyroboricum, $H_8B_4O_7$, is used to some extent in the treatment of sores; a 2-per-cent. ointment, with vaselin or lanolin as the base, is the preparation generally prescribed; the salt is made by dissolving 76 grammes of crystallized borax and 54 grammes of mercuric chloride separately in 1000 grammes of distilled water; the solution of borax is added, with constant stirring, to the mercuric chloride solution, the brown precipitate formed rapidly settles, and is thoroughly washed with water until the washings give no reaction with silver nitrate. It must be dried in the dark, and then constitutes amorphous brown powder, insoluble in water, alcohol, or ether.—V. Tokayer, in *Pharm. Post*, 1892; *ibid.*

SYRUP SENNA.

Charles Caspari, Jr., dissatisfied with the U. S. P. process, suggests the following as much better in appearance and results:—

℞ Senna-leaves, . . . ʒxxxiij.
Boiling water, . . . Oxxxvj.
Alcohol, ... fʒxiv.
Sugar, ... ʒxxxvj.
Oil of coriander, . . gr. xx.

Upon the senna-leaves pour 24 pints of boiling water; cover well and let stand six hours; express, and upon the residue pour 12 pints of boiling water; cover well and after three hours express and evaporate the mixed liquids at 140° F. to 40 fluid ounces. When cold add 10 fluid ounces of alcohol, set aside, covered over night. By filtration remove the precipitated matter, washing the filter with a mixture of alcohol, 1 part; water, 4 parts, to make 40 fluid ounces. To this add 4 fluid ounces of alcohol, holding the oil coriander in solution; transfer to a bottle of sufficient capacity to hold the liquid and the sugar, and dissolve the latter by shaking.—*Pharm. Review.*

VULVAR GANGRENE.

The following treatment is recommended in L'Union Médical for gangrene of the vulva in little girls:—

℞ Acidi carbolici, . . . ʒss.
Alcoholis, ... ʒiiss.
Aq. destillat., . . . ʒvj.
M. Sig.: Use as an injection or as a lotion.

After this has been used, the parts are powdered with the following:—

℞ Pulv. cinchonæ,
Pulv. carbonis ligni, . āā ʒss.—M.

EMBELATE OF AMMONIUM.

This combination is praised as a reliable tæniafuge. Embelic acid has been obtained by Merck from the fruit of *Embelia ribes*. Embelate of ammonium is a madder-red powder. Dose: about 2½ grains for children, and 5 grains for adults.—*Revue Medico-Pharmaceutique.*

PHYTOLACCA ACINOSA.

This plant is much used in Japan as a diuretic. The active principle (phytolaccotoxine) is resinous. The alcoholic extract and the decoction have been given with success in nephritis, pleurisy, and ascites.—*Ibid.*

Dr. Traill Green, of Easton, Pa., has found phenacetin, in doses of 10 grains at bed-time, useful in relieving irritable bladder in old people.

ECZEMA CAPITIS.

Professor Hardy recommends:—

℞ Naphthol,
Camphor,
Resorcin, . . . āā gr. x.
Sulphur, ... ʒj.
Vaselin, ... ʒj
—*Med. and Surg. Rep.*

Camphor has been found to possess the power of increasing the solubility of iodoform in alcohol and in ether.

Hydrargyrum ammoniatum is soluble in solution of carbonate of ammonium.—Johnson.

ANODYNE LINIMENT.

℞ Camphor, ... gr. cxx.
Chloral, ... gr. cxx.
Chloroform, . . . ♏cxx.
Ether, ... ♏cxx.
Tincture of opium, . . ♏lx.
Oil sassafras, . . . ♏lx.
Soap-liniment, to make . fʒxvj.
—*Med. and Surg. Rep.*

PRURITUS VULVÆ.

Dr. Bullock recommends:—

℞ Aluminii nitras, . . . gr. xxiv.
Aquæ, ... ʒiv.
M. Sig.: Wash the parts once or twice a day, and use as a vaginal injection in the same way.—*New Eng. Med. Monthly.*

PURGATIVE FOR CHILDREN.

The following is published in Le Bulletin Médical:—

℞ Ol. ricini, ... ʒss.
Infus. caffei, ... ʒij.
Sacchari, ... ʒv.
Vitelli ovi, ... no. j.
M. ft. emulsio.

PERMANGANATE OF POTASH IN PHOSPHORUS POISONING.

Permanganate of potash having been found by Dr. Antal, by experiments on animals, to act as an antidote in acute phosphorus poisoning, Dr. Hajinos has employed it with apparent success in some cases which recently came under his care in the Rochus Hospital, Budapest. One case was that of a patient who drank a solution of phosphorus made from two boxes of matches, and was immediately brought into the hospital. The stomach was washed out, and within half an hour of swallowing the poison Dr. Hajinos introduced 500 grammes of a $\frac{1}{10}$-per-cent. solution of permanganate of potash into his stomach. There was no vomiting or pain, and the next day, as the man felt quite well, he left the hospital, and nothing more was heard of him.—*The Lancet; Nashville Jour. Med. and Surg.*

CHRONIC CONSTIPATION.

℞ Tincturæ nucis vomicæ, . ʒij.
Ext. cascaræ sagradæ fl., . ʒiv.
Ext. rhamni frangulæ fl., . ʒj.
Elixir glycyrrhizæ, q. s. ad ʒiij.
M. Sig.: One teaspoonful at bed-time every night; to be repeated in the morning, if necessary.—Dr. J. C. Falk, of St. Louis, in *Med. Fortnightly.*

CHRONIC BRONCHITIS.

For chronic bronchitis Ferrand proposes this combination:—

℞ Purified tar, . . . gr. xv.
Dover's powder, . . gr. xx.
Powdered gum benzoin, . q. s.
M. For 20 pills. Dose, 1 to 4 a day.

It is also advisable to add a light purgative twice a week, and to rub the patient with am-

moniacal ointment on the back and chest; inhalations of chloride of ammonium.—*Kansas City Med. Index.*

CATARRHAL AFFECTIONS.

An excellent cleansing and disinfecting solution, for free use in the nasal cavities, by means of the spray apparatus, douche, or syringe, is prepared as follows:—

℞ Acidi boracici, . . . ʒj.
Sodii boras, . . . ʒj.
Sodii chloridi, . . . ʒss.
Listerine, ... ℥ij.
Aquæ puræ, . . . ℥vj.—M.

—*St. Louis Clinique.*

TO DEODORIZE IODOFORM.

The following combination is allowed by the Addendum of the Netherland Pharmacopœia to deodorize iodoform: Carbolic acid, 1 part; oil of peppermint, 2 parts; iodoform, 197 parts.—*Canad. Pract.*

CARDIAC TONIC.

Dr. J. O. Hirschfelder, San Francisco, in a clinical lecture, recommends the following:—

℞ Caffeine,
Benzoate of soda, . . ʒj.
Strychnine, . . . gr. ½.
Camphorated water, . . ℥vj.

M. Sig.: Tablespoonful three times a day.—*Med. and Surg. Reporter.*

PROPHYLACTIC TREATMENT OF ANGINA PECTORIS.

Dr. Liégeois (La Semaine Médicale), in angina pectoris, either from aortitis or arterio-sclerotic myocarditis, in plethoric subjects, prescribes the iodide of sodium the first twenty days of the month, and then the following ten days 30 drops of the following mixture:—

℞ Tinct. Jamaica dogwood, . 60 grms.
Tinct. veratr. viride, . . 10 grms.
Tinct. aconite-root, . . 15 grms.

Trinitrine (nitro-glycerin) is only indicated in those patients with a pale face and conjunctiva, as it is liable to produce cerebral congestion. The tincture of Jamaica dogwood is an efficient and harmless depressor of arterial tension, and at the same time a good cardiac analgesic, judging from the results which the writer has obtained. In order to increase its arterio-depressor and sedative action, he associated it with veratrum viride and aconite.

CATARRH OF THE PHARYNX.

℞ Sulph. zinci, . . . gr. xv.
Thymoli, ... gr. ⅓.
Alcoholis, ... ʒiss.
Glycerini puri, . . . ʒiss.
Aq. menth. pip., . . ℥x.

M. Sig.: Gargle.

GALACTAGOGUE.

An especially efficacious formula is the following:—

℞ Aqueous ext. of galega,
Lactophosphate of lime,
Tincture of fennel, . āā ʒij.
Simple syrup, . . . ℥xij.

Four to eight tablespoonfuls a day in water, beer, or milk.—*St. Louis Clinique.*

GONORRHŒA.

My prescription is a partnership of three different remedies, and it is, I believe, important that they should all be used. First, an injection of solution of chloride of zinc, two grains to the ounce; next, sandalwood-oil capsules; and, lastly, a purgative night dose with bromide of potassium. The injection is used three or four times a day, the capsules (ten or twenty minims) taken three times a day. The ingredients of the night dose are three drachms of Epsom salts and half a drachm of bromide of potassium. It is, I believe, the action of the last named in preventing congestion of the parts which makes the abortive measures safe. Moderate purgation and entire abstinence from stimulants are essential.—JONATHAN HUTCHINSON, in *Archives of Surgery.*

Watier praises as an injection:—

℞ Antipyrin, ... grms. x.
Bichlor. mercury, . . cgrms. x.
Water, ... litre j.

The injections are made three or four times daily, after micturition, each being retained about half an hour.—*J. de Méd. et Chirurg. Prat.*

INTRA-PULMONARY INJECTIONS OF THYMOL IN PULMONARY GANGRENE.

Dr. O. Hewelke, of Varsovie, Poland, has successfully treated a case of pulmonary gangrene by intra-thoracic injections of a 1-to-300 or 1-to-200 solution of thymol, made with a syringe having a needle five to seven centimetres long, into the cavern. Results were immediate. The needle was pushed through the intercostal space corresponding to the spot affected. The

expectoration became more abundant, the fetidity of sputa diminished, and the temperature fell quite considerably. With daily repetition of these injections the general and local symptoms so improved progressively as to more or less soon completely disappear.—*Med. and Surg. Reporter.*

ICHTHYOL IN SMALL-POX.

A solution of ichthyol, 5 or 10 per cent., has recently been used with much success as a local application in small-pox, in the pustular stage of the eruption. The solution being painted over the pustules two to four times a day was found to hasten the drying up, check extensive suppuration, and prevent pitting.

A NEW TREATMENT OF EXOPHTHALMIC GOITRE.

Independently of the classified methods,—digitalis, the bromides, continuous current, hydrotherapy, belladonna, veratrum viride, and, we will add, antipyrin (about 30 grains a day, associated with bromide of strontium, 30 to 45 grains a day),—Professor Dieulafoy has proposed the following treatment:—

This treatment is based on the analogy which exists in a tuberculous case when suffering from hæmoptysis or when threatened with the same. In these cases he administers ipecac, and under the influence of this medicament the action of the heart diminishes in force and frequency, the erethism ceases, and consecutively the hæmoptysis is arrested or prevented.

Or, in case of Basedow's disease, the primary indication is also to contract the cardio-vascular excitement; for this purpose M. Dieulafoy treats this affection according to the above principle. He associates ipecac with the digitalis or opium, in pills composed as follows:—

℞ Powdered ipecac, . . gr. ½.
Powdered digitalis-leaves, . gr. ⅓.
Extract of opium, . . gr. ¼.

For one pill. Four to six to be taken in the twenty-four hours.

He has treated by this method several patients suffering from exophthalmic goitre, and a considerable amelioration of all the symptoms has been the rule; this was especially rapid and striking in two cases; certainly no other treatment would have given similar results.

The effect of this medication is noticed in a general amelioration of the symptoms of the malady appreciable at the end of a few days; very marked after several months and equivalent to a cure. The only inconvenience of this treatment is in certain cases diarrhœa, which persists until tolerance is established.—*La Médecine Moderne.*

A FORMULA FOR ADMINISTERING CREASOTE.

The Pharmaceutische Post gives the following method of administering creasote under the name of gaseous creasote-water:—

℞ Creasote (beech-wood), . ♏vij.
Cognac, ... ʒi–ij.
Simple syrup, . . . ʒv.
Spirits of peppermint, . gtt. xxx–xl.
Seltzer-water, . . . ʒviij.

—*Therap. Gazette.*

THE odor of iodoform may be very successfully masked by the essential oil of coriander.

PSORIASIS OF THE HEAD.

The following treatment is applicable only in cases of limited psoriasis and in the absence of all irritation of the scalp. It is recommended by Besnier, and is as follows:—

1. The following ointment should be applied daily to the affected part:—

℞ Sapo viridis,
Vaselin., . . . āā 100 parts.
Ichthyol., ... 10 parts.
Acid. salicylic.,
Acid. pyrogallic., . āā 5 parts.

M. This should only be applied to small lesions on account of the high proportion of active ingredients.

2. Cease making applications as soon as any signs of irritation put in an appearance.—*Med. and Surg. Rep.*

PYLORIC PAIN IN DYSPEPSIA.

Coutaret advises the following treatment in the pain of dyspepsia:—

℞ Sat. chloroform-water, . ʒiv.
Simple syrup of colombo, . ʒiss.
Powd. ex. of cannabis Indica, gr. iiss.

M. Sig.: A dessertspoonful of this may be taken every half-hour until the pain is relieved, particularly at the time that the chyme is passing from the stomach into the intestine.—*Therap. Gazette.*

ACTION OF PILOCARPINE ON THE EXCRETION OF MILK.

Pilocarpine is a drug which increases the amount of many secretions, such as sweat and saliva. By experiments on cows it was, however, found that it does not increase the amount of milk secreted. Analysis of the milk showed a slight increase in the amount of lactose. There is no glycosuria.—*Ex.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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THE PHYSIOLOGICAL ACTION OF URECHITES SUBERECTA.

IN the British Medical Journal for June 18, 1892, Dr. Ralph Stockman describes experiments which he has made with the active principles of *Urechites suberecta.* This plant belongs to the natural order Apocynaceæ, and grows abundantly in Jamaica and other West Indian Islands, being known as the "Savannah flower," or "yellow-flowered nightshade." Its active principles have been isolated by the government chemist of Jamaica, Mr. J. J. Bowrey, and consist of two glucosides, which he has named urechitin and urechitoxin.

Urechitin occurs in the form of small white crystals, insoluble in cold water, but slightly soluble in boiling water, and readily soluble in strong alcohol. Injected under the skin of frogs in doses from $\frac{1}{2600}$ to $\frac{1}{1280}$ grain urechitin occasioned death within a few hours, the symptoms being similar to those produced by digitalis. The ventricle was found firmly contracted and bloodless. The auricles were greatly dilated and filled with venous blood. When the heart of the living animal was exposed, it could be seen that at first both systole and diastole became more full, but this effect lasted only for a short time. The diastole of the ventricle soon becomes lessened while the systole is exaggerated. After death the ventricle cannot be made to respond to stimulation, the reaction of the heart-muscle is acid, and the voluntary muscles are more or less diminished in electric irritability. Dogs are easily affected by urechitin. The smallest dose which proved fatal in this animal was $\frac{1}{32}$ grain, death taking place in thirty-eight minutes, from paralysis of the heart. The symptoms to which this active principle gave rise were obstinate vomiting, retardation and irregularity of the heart's action, slight diarrhœa, and increased frequency of micturition. In some cases death was preceded by convulsions due to interrupted circulation and asphyxia. The condition of the heart was not always found the same at the autopsy. The right side was always distended, but the left was sometimes dilated and at other times contracted. The veins were always very full of dark blood, while the arteries were empty. The stomach, bowels, and bladder were contracted. Rabbits were much less susceptible than dogs, and only succumbed to fifteen times the minimum fatal dose for a dog. The blood-pressure was studied in etherized rabbits. The results varied according to the degree in which the heart was affected. Generally, its action was retarded and blood-pressure was increased. If more urechitin was administered the heart-beats became more slow and irregular in rhythm and the blood-pressure fell. Sometimes the action of the heart was so slow that little or no increase of pressure occurred, or even a decrease was observed. The latter condition might last for a considerable time, or the heart might be rapidly paralyzed.

Urechitoxin is also a muscle and heart poison, but less toxic than urechitin. In the frog, large amounts cause arrest of the ventricle in systole. After small doses the heart finally stops in diastole. In dogs the chief symptoms are vomiting and muscular weakness, the action of the heart becoming slow and irregular. In some instances the influence of the poison develops slowly and death is delayed for a considerable period. Large quantities of urechitoxin are required to affect rabbits. Less than 2 grains produced no visible effect, and about 5 grains, subcutaneously injected, were necessary to cause death. When thrown directly into the jugular vein, $\frac{1}{13}$ grain proved fatal. Dr. Stockman supposes that the same thing takes place with urechitoxin which he has demonstrated in the case of other substances, such as benzoylecgonin and caffeine, viz., that upon being injected subcutaneously it is absorbed by the neighboring voluntary muscles, which give it up slowly to the general circulation. The effect of urechitoxin upon blood-pressure of etherized rabbits is similar to that of urechitin.

Both these active glucosides are decom-

posable into a white crystalline body which Mr. Bowrey terms urechitoxetin. This substance is physiologically inactive.

Urechites suberecta possesses a weird interest from the fact that it is supposed to have been the chief poison used by the Obeah men. According to old reports, these people had the power of so arranging the influence of their drug that it would kill immediately or not until the lapse of weeks, months, or even years. Mr. Bowrey found that minute quantities ($\frac{1}{1000}$ grain) given by the mouth every day to cats, caused the sudden death of one animal upon the twelfth day, and of a second after the expiration of eleven weeks. In neither case were any symptoms manifested until shortly before the fatal termination. The results of Dr. Stockman's experiments show that full lethal doses are soon followed by decided symptoms and rapid death. A single dose cannot be given in such a manner as to cause sudden death at the end of days or weeks. If small quantities are given continuously, death supervenes unexpectedly at the end of an indeterminate period, in consequence of a cumulative action of the drug. On account of this marked tendency to accumulate, Dr. Stockman does not anticipate that the plant will come into use as a cardiac tonic.

AFFECTIONS OF THE RESPIRATORY PASSAGES IN TYPHOID FEVER.

IN a paper communicated to the Belgian Society of Laryngology and Otology and published in the Revue de Laryngologie, d'Otologie et de Rhinologie, July 15, 1892, Dr. Bayer calls attention to the fact that the upper air-passages may be involved early in the course of typhoid fever. The symptoms are generally manifested toward the end of the first week in the form of rhinitis, with inflammatory injection of the pharyngo-laryngeal mucous membrane and an accumulation of viscid and sanguinolent mucosity in the naso-pharynx. Catarrh of the Eustachian tube and the middle ear may also occur and cause deafness. Sometimes a pretty severe angina is met with, and Dr. Bayer has seen typhoid fever begin with follicular angina. There may be redness or inflammation of the tonsils. Finally, superficial ulcerations may appear upon the anterior pillars, the velum palati and uvula, and are often overlooked on account of the apathetic condition of the patient and absence of pain or difficulty in swallowing. Of little importance in themselves, these ulcers are of value as regards prognosis and differential diagnosis. According to von Willer, they are always indicative of a severe case. Like the intestinal ulcers, they involve adenoid tissue and develop within a week, to disappear in the course of a few days, at the end of the third week of the disease. The ulcers contain the characteristic bacilli of the fever, and should not be mistaken for tuberculous or other variety of lesions.

The most common affection is certainly a so-called catarrh—for there is no increase of secretion—appearing in the larynx in the form of a redness of the vestibule, a fall of the epithelium, which produces a furfuraceous layer upon the epiglottis, arytenoids, and the ary-epiglottidean folds. If the ulcers penetrate deeply, they give rise to the well-known symptoms of laryngo-typhus.

Dr. Bayer has lately had the misfortune to meet with a grave case of typhoid fever, which began with an acute pharyngo-laryngitis, followed by ulcerations of the pharynx, and occurring in the person of an estimable colleague. He was consulted by the patient, about the 10th of May, on account of loss of voice and trouble in swallowing. His aspect was very bad and he had fever. Acute laryngo-pharyngitis with tracheitis was recognized. The vocal cords were eroded. Local antiphlogistic treatment with d'Ems water and sedatives internally brought about a prompt and decided amendment, and the patient was able to resume practice. He thought himself restored to health and was improved in appearance, when he was suddenly seized with a violent chill and compelled to take to his bed. Fully a week had elapsed since the manifestation of the first symptoms. The temperature rose to nearly 105 degrees and remained at that point. Prostration was great. Four days after the chill had attacked the patient he was again seen by the reporter, who found him again complaining of pain in the throat and an ac-

cumulation of viscid and sanguinolent mucus in the naso-pharynx. White spots, which at first glance seemed to be particles of mucus, were seen at the isthmus of the pharynx. Upon closer inspection, however, these were perceived to be superficial erosions without exudation, with clearly defined borders and lacking peripheral vascular injection. An oval ulcer was seated upon the left anterior pillar, and a smaller one upon the right pillar. Two small circular ulcers were present upon the uvula. Upon the following day spots of roseola developed upon the abdomen, and the diagnosis was placed beyond doubt. Pieces taken from the ulcers of the throat were found to contain the typhoid bacillus.

The fever at first pursued a regular course. The catarrh spread to the ears and occasioned deafness. The pharyngeal ulcers disappeared toward the close of the third week. The temperature did not, however, decline until the sixth week, when two intestinal hæmorrhages took place, to which he nearly succumbed, but was revived by means of hypodermic injections. Death occurred, nevertheless, from hypostatic pneumonia, on the forty-fourth day after the chill.

The history of this case, which was comparatively mild in the beginning, seems, by its fatal termination, to confirm the observation of von Willer, that pharyngeal ulceration denotes a serious case of typhoid fever.

A COMBINATION OF IODIDES IN THE TREATMENT OF SYPHILIS.

UPON the theory that the iodides of sodium and ammonium, being much more soluble than the iodide of potassium, will be first eliminated by the kidney and occasion a detention of the last-named salt within the system, Dr. G. Darzens believes that he has found a method of enhancing its efficacy.* He has lately treated a number of cases in this manner, and relates the history of one with some detail. The patient, a man 37 years of age, had contracted syphilis when 22 years old. He had no recollection of having had mucous patches, but lost his voice two months after infection. A fortnight after extinction of the voice he had a copper-colored eruption, and about the same time an ulcer, the size of a fifty-cent piece, appeared upon the middle of the outer aspect of each leg. Two whitish scars, precisely like those left by gummata, mark the site of these lesions. There was no fall of the hair. Thus, the patient seems to have reached the tertiary stage within a period of three months from the date of infection. He was treated from the beginning according to the established methods. After the leg-ulcers had been healed, no more cutaneous manifestations appeared for eleven years. About five years after contracting the disease, he began to suffer from headache, which increased in severity, notwithstanding treatment. He had taken iodide of potassium, beginning with a daily dose of 15 grains and gradually ascending to 75 grains, but without deriving any benefit. About three years ago he was attacked by a bad nasal catarrh, and soon afterward the nose became red and swollen. The organ was painful, gave exit to a purulent discharge, pieces of bone were lost, and the nose became flattened. When first seen by Dr. Darzens, the septum was destroyed and the alar cartilages were constricted so as to occlude the anterior nares. There was a suppurative dacrocystitis of the right side. The nasal chambers were full of grayish crusts and exhaled a fetid odor. He was still suffering night and day from intense headaches. The prescription ordered was, approximatively, as follows, the quantities being slightly changed in the conversion from the metric system to our apothecaries' measures:—

℞ Potassii iodidi,
Sodii iodidi,
Ammonii iodidi, . . āā ʒss.
Hydrargyri iodidi rubri, . gr. ¾.
Aquæ, ... ʒixss.—M.

* Revue de Laryngologie, d'Otologie et de Rhinologie, July 1, 1892.

A LIBEL SUIT.—A Reuter's telegram from Cairo states: "Dr. Milton, chief medical officer of the native hospital here, is about to bring an action for libel against the newspaper, Le Bosphore, on account of a violent article recently published in that journal attacking the English doctors practicing here, and containing allegations regarding them which are alleged to be altogether unjust. Dr. Milton claims substantial damages."

MEDICAL NEWS AND MISCELLANY.

An Italian Society of Orthopædic Surgery has been founded.

A statue to Ricord is to be erected by his pupils and friends.

Dr. Jno. L. Phillips has removed to 2215 Tioga Street, Philadelphia.

Sir Joseph Lister, Bart., has been elected a member of the Royal Institution.

The German Congress of Surgery will hold its meeting for 1893 at Wiesbaden.

Professor Sternberg, a well-known alienist in Copenhagen, died of heart disease recently in that city.

Dr. John Guiteras has been chosen Pathologist of the Philadelphia Hospital, *vice* Dr. Formad, deceased.

The Canada Medical Record has changed publishers. The editors expect to enlarge this publication shortly.

The fourteenth meeting of the Scandinavian Scientific Congress was held at Copenhagen from July 4th to 9th.

The 126th annual meeting of the Medical Society of New Jersey was held at Atlantic City, N. J., June 28 and 29, 1892.

Dr. Carl Frommann, the well-known Professor of Histology at the University of Jena, recently died, at the age of 61.

The sixty-fifth meeting of German Naturalists and Physicians will be held at Nuremberg, from the 12th to the 16th of September.

The Fourth International Congress Against the Abuse of Alcoholic Liquors is to be held at La Haye, September 8, 9, and 10, 1892.

The pupils and friends of Professor Guyon tendered him a banquet on the occasion of his nomination to the Academy of Sciences.

The German Ophthalmological Society held its twenty-second annual meeting this year, at Heidelberg, on August 8th, 9th, and 10th.

The Imperial Institute of Experimental Medicine of St. Petersburg is to issue a journal entitled Les Archives des Sciences Biologiques.

Mr. Greig Smith has retired from the editorship of the Bristol Medico-Chirurgical Journal, and is succeeded by Dr. R. Shingleton Smith.

Chair of Anatomy, Missouri Medical College.—Dr. Chas. A. Todd having resigned the Chair of Anatomy, Dr. A. V. L. Brokaw was elected to fill said position.

Dr. Eusebio Hernandez, of Cuba, has been unanimously chosen a titular member of the Obstetrical Society of France.

A meeting of the French Association for the Advancement of Science is to be held at Pau, from the 15th to the 22d of September.

Dr. Armand de Fleury, Professor of Therapeutics in the medical faculty and Honorary Physician to the Hospitals of Bordeaux, is dead.

The death is announced of M. Charles Grison, pharmacist, who had been attached to Le Progrès Médical from its foundation.

Dr. Charles A. Veasey has been elected Ophthalmologist and Dr. H. Augustus Wilson Orthopedist of the Lying-in Charity and Training School for Nurses.

Dr. Frank Hartley has been appointed a surgeon to the New York Hospital, to succeed Dr. Thomas M. Markoe, who recently resigned, after forty years' service.

The American Medical Temperance Association will meet in Detroit, June 7. Several important papers in connection with temperance and inebriety will be presented.

The second session of the International Congress of Experimental Psychology was held at London, from the 2d to the 5th of August, under the presidency of Dr. Sidgwick.

Dr. J. T. Jelks, of Hot Springs, was elected President for the ensuing year of the State Society, the name of which has been changed to "The Arkansas Medical Society."

The American Neurological Association held its annual meeting in New York, at the Academy of Medicine, on June 22d, 23d, and 24th, under the presidency of Dr. C. L. Dana.

Dr. Henry Milton Whelpley was married to Laura Eugenie Spannagel on Wednesday evening, June 29, 1892, at half-past 8 o'clock, at the Church of the Unity, St. Louis.

A Hispano-American Congress of Medicine and the related sciences is to be held in Madrid in October, 1892, on the occasion of the fourth centenary of the discovery of America.

Dr. S. D. Risley and Dr. H. Gradle are the officers of the Section of Ophthalmology, A.M.A., for the coming year. Chairman Risley's address is Philadelphia, Pa., and that of Secretary Gradle, Chicago, Ill.

Professor Seitz, of Munich, died recently, aged 80. He was a medical writer of high repute, and one of the founders of the Munich Medical Weekly. A considerable number of his writings treat of epidemic diseases.

A CLINIC of Diseases of the Ear, Nose, and Larynx was opened in the Czech Medical Faculty of the University of Prague on June 8th. Professor E. Kaufmann has been appointed chief of the new department.

IN his work upon "Diseases of Women," second American edition, page 549, Dr. A. Martin, of Berlin, reproduces an interesting plate in which Dr. E. S. McKee, of Cincinnati, has depicted the varieties of the hymen.

FRENCH ACADEMY OF MEDICINE.—Dr. Duguet has been elected titular member to fill the place in the section of Medical Pathology left vacant by the death of M. Roger. M. Nivet, of Clermot-Ferrand, has been chosen national associate.

A MONUMENT has been erected at the hospital Sant'Orsola of Bologna, to the memory of Professor Pietro Loreta. The celebrated Italian surgeon is represented at the moment of undertaking, for the first time, the operation of digital dilatation of the pylorus.

AN International Congress for the consideration of chemical nomenclature has been held in Paris, under the presidency of M. Friedel, member of the French Institute. The vice-presidents were: Cannizaro, of Rome; Bayer, of Munich; Lieben, of Vienna; and Gladstone, of Lonnon.

THE University of Sienna, by eighteen votes of its Senatus Academicus out of twenty-one, has just elected Prof. Domenico Barduzzi as its rector. Dr. Barduzzi is one of the most distinguished among its clinical staff and takes an effective part in promoting the balneological resources of Italy.

THE first meeting of the Medical Congress of Mexico is to be held from the 6th to the 10th of December, 1892. The organization will include an executive committee and sections devoted to the departments of medicine, surgery, veterinary medicine, and pharmacy.

ASTLEY COOPER PRIZE.—The next triennial prize of £300, under the will of the late Sir Astley P. Cooper, Bart., will be awarded to the author of the best essay or treatise on "The Anatomical Distribution of the Lymphatic Vessels and the Physical Forces Concerned in the Movement of the Lymph."

DR. PHILIP BIEDERT, of Hagenan, has been appointed Professor of Children's Diseases in the University of Graz. The honor is all the more remarkable since Dr. Biedert, though the author of well-known works on the feeding of infants, and cognate subjects, has hitherto been a general practitioner quite outside the academic "path of glory" which leads to the professiorial chair.—*Weekly Med. Rev.*

THE LANGENBECKHAUS AT BERLIN.—The Congress of the German Surgical Society, at Berlin, was made particularly interesting by the formal opening of the Langenbeckhaus, the palatial new home of the Berlin medical societies. Both the Emperor and the Empress were represented at the ceremony.

DOCTORS OF PHARMACY.—The University of Munich has created a new degree—Doctor of Pharmacy—which will be granted after a course of seven semesters and examination in one principal subject, chemistry or botany, and in three secondary subjects, namely, mineralogy, physics, and zoology. An inaugural dissertation must also be presented.—*Medical Record.*

PROFESSOR VON HELMHOLTZ, by twenty-eight votes out of fifty, has been elected a Foreign Associate of the French Académie des Sciences, in the room of the late Emperor of Brazil. Among the other men of light and leading in the scientific world put in nomination for this honor were Sir Joseph Lister; Professor Van Beneden, of Louvain; and Mr. Nordenskjöld, of Stockholm.

J. J. BRACHIO reports, in the Indian Medical Record, the case of a child, 19 months of age, suffering from measles, whose temperature, from the fifth to the ninth day, gradually rose from 103° to 106.6° and subsequently to 109° F. The next day it declined to 105°, after which it slowly mounted to 106° F. Death occurred on the eighth day.

TO LANCE A SWOLLEN TONSIL.—Do not try to get round the anterior pillar of the fauces, but go straight back through the soft palate, and no effort on your part can possibly bring the knife into any relation at all with the carotid vessels. Open the upper part of the tonsil.—CHRISTOPHER HEATH, M.D., in *International Clinics.*

IDENTITY OF VARIOLA AND VACCINIA.—Dr. Fischer inoculated two calves with the pus from small-pox, obtaining in each instance typical symptoms of the cow-pox. The lymph from those calves was passed through twelve others, and a part of it through three others, and was then used for vaccinating children. Normal and mild vaccination followed in all those who had not previously been vaccinated.—*Fortschritte der Medicin; Indian Med. Rec.*

DR. EMORY LANPHEAR, of Kansas City, Mo., recently removed the Gasserian ganglion from a man, 54 years of age, on account of inveterate facial neuralgia, for which hyoscyamine had been given in vain. The operation was performed after the method of Mr. Rose, and the result was all that could be desired, the patient returning to his home, 150 miles distant, on the thirteenth day after operation.

We have received a copy of The Scalpel, a journal just issued in the interests of the College of Physicians and Surgeons of Chicago. This college has grown steadily, rapidly, and deservedly. The initial number of The Scalpel contains some excellent papers by professors, demonstrators, and students, principally upon points of histology and embryology. A number of illustrations accompany the articles. The journal should prove a useful feature in the life of the college.

The American Pediatric Society. — The following officers were elected for the ensuing year: President, A. D. Blackader, M.D., Montreal; First Vice-President, J. M. Keating, M.D., Colorado Springs; Second Vice-President, C. W. Earle, M.D., Chicago, Ill.; Secretary, S. S. Adams, M.D., Washington, D.C.; Recorder, William P. Watson, M.D., Jersey City; Treasurer, C. W. Townsend, M.D., Boston; Member of Council, T. M, Rotch, M.D., Boston.

The late Sir George Paget was rather concise and to the point in giving professional advice. The gardener of a friend of mine went to consult him in Cambridge for acute dyspepsia. It was elicited that the man always took two large cups of tea with his meals, and that he was accustomed to eat rather rapidly. These two facts were quite sufficient in Sir George's eyes, and he somewhat laconically dismissed the case with the following advice: "Break one of your cups, and chew your food."—*Nursing Record.*

The twelfth annual meeting of the Lehigh Valley Medical Association was held at Bethlehem, Pa., July 7, 1882. An address was delivered by the retiring President, Dr. J. N. Richards. The annual address upon "Inflammation of the Right Iliac Fossa Associated with Lesions of the Cæcum, the Vermiform Appendix, and Adjacent Tissues" was given by John B. Deaver, M.D., Assistant Professor of Anatomy, University of Pennsylvania; Professor of Surgery, Philadelphia Polyclinic, etc.

Blackening of the Teeth by Antipyrin. —According to the Southern Dental Journal, it is asserted that the internal use of antipyrin blackens the teeth; this peculiarity should be generally known by the profession, and also among the laity, that objections may be made on this ground to taking it as a remedy. The blackening is the more intense, the more imperfect the enamel, but may be removed by attrition with dilute acid. The considerable use of antipyrin for several years back, gives importance to this latter observation.—*Weekly Med. Rev.*

The Thymus as an Immunizing Centre.— The question of immunity is likely to receive considerable elucidation from recent researches. The German pathologists are pursuing the problem on the antitoxine hypothesis. They maintain that the organism possesses certain factors capable of neutralizing and destroying toxic products in the body. These antitoxic bodies they assume to be in the thymus gland and lymphatics. In order to test this idea a thymus gland was secured from a calf, and to a sterilized extract of this pure cultures were added. Surprising results followed. Tetanus, cholera, and diphtheria bacilli were practically neutralized in the fluid. Mice which were inoculated with a deadly culture of erysipelas recovered very speedily when treated with a thymus-erysipelas culture.—*Physician and Surgeon.*

The Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday, and Friday, October 12, 13, and 14, 1892. An excellent programme, containing the best names in the valley and covering the entire field of medicine, will be presented. An address on "Surgery" will be delivered by Dr. Hunter McGuire, of Richmond, Va., President of the American Medical Association. An address on "Medicine" will be made by Dr. Hobart Amory Hare, Professor of Therapeutics and Clinical Medicine, Jefferson Medical College, Philadelphia. The social as well as the scientific part of the meeting will be of the highest order.

Whale-flesh as a Food.—The flesh of the whale, says Le Progrès Médical, has made its appearance upon the tables of a restaurant-keeper in Paris, who obtained it from a young specimen of *Balænoptera rostrata*, which was cut up for the Museum of Natural History. The meat is very red, and bears a resemblance to a filet of beef. It figured on the bill of fare as filets de baleine and escalopes de baleine à la Valois. Attracted by novelty, many customers partook of the dishes. Whale-meat has a faint and not very agreeable taste, somewhat similar to that of beef boiled in fishy water. It has not, however, the decided oily flavor which was generally anticipated.

American Academy of Medicine.—The officers elected for the ensuing year were: President, Justin E. Emerson, M.D., of Detroit; Vice-Presidents, Thomas F. Moses, of Urbana, Ill.; Charles Denison, of Denver., Col.; Silas D. Presbrey, of Taunton, Mass.; Treasurer, J. Cheston Morris, of Philadelphia; Secretary, Charles McIntire, of Easton, Pa.; Assistant Secretary, Edgar M. Green, of Philadelphia, Pa.

Sixty-six new Fellows were elected to the Academy, and this number, added to five hundred and forty-three active and nineteen honorary members, gives the Academy a total membership of six hundred and eighteen.

A League of Quacks.—Alarmed, probably, by the stringent provisions of the proposed new medical law, the irregular practitioners of France—bone-setters, magnetisers, mediums, masseurs, *et hoc genus omne*—have formed a league for the defense of their "professional" interests. They have issued a manifesto, addressed apparently to the universe at large, which may be described as a declaration of the Rights of (unqualified) Man. In this interesting document they insist on the indefeasible right of the citizens of a free State to practice the healing art without the previous training which pedantic legislators consider necessary, and protest against the "protection" which the State accords to regular practitioners.—*Brit. Med. Jour.*

A New Remedy.—Le Progrès Médical says: We learn from Le Petit Troyen that a new method of treating certain diseases has arisen in Kasaro. The Court of Assizes of that city has recently had before it an extraordinary case of cannibalism. A father and son named Saifontiae were accused of having killed a young girl. It was ascertained in the inquiries that the son, suffering from some chronic disease, had consulted a mollah, or Mohammedan priest, having no confidence in Christian physicians. He was ordered by the priest to devour the fresh heart of a human being. The father and son proceeded to murder a young servant; the son removed and ate the heart. Both were condemned to forced labor for twelve years in the mines of Siberia. The mollah was deprived of his civil and political privileges and banished to Siberia.

Freeman, the historian, besides his many other illogicalities, was an antivaccinationist. He has just died of small-pox.

Death of Dr. T. G. Richardson.—On May 26, 1892, at 8.30 P.M., the spirit of a revered teacher and valued citizen passed away to its rest. Dr. Richardson was born at Lexington, Ky., on January 3, 1827. In 1837 he removed with his parents to Louisville, and in 1845 matriculated in the Medical Department of the University of Louisville. In the same year he entered the office of Prof. S. D. Gross, M.D., as a private pupil. He graduated at the university in the spring of 1848, and immediately afterward was appointed by the Faculty Demonstrator of Anatomy, which position he filled for eight years. Resigning the position of Demonstrator of Anatomy at Louisville in 1856, he was at once offered the Chair of Anatomy in the Medical Department of the Pennsylvania College at Philadelphia. He decided to accept the latter, and removed to Philadelphia in the fall of 1856. In 1858 he accepted the position of Professor of Anatomy in the Medical Department of the University of Louisiana. During the Civil War he served as a medical officer in the Confederate Army. In 1873, upon the resignation of Prof. Warren Stone from the Chair of Surgery, he became his successor. In 1877 he was elected President of the American Medical Association, at its annual meeting in Chicago, and presided at the subsequent meeting in Buffalo, N. Y.

He was a corresponding member of the College of Physicians and Surgeons of Philadelphia and of the Academy of Natural Sciences, Philadelphia, and an active member of the Louisiana State and the Orleans Parish Medical Society. Dr. Richardson was married twice. His first wife was the daughter of Prof. Chas. W. Short, M.D., of Kentucky. Three children blessed this marriage. His second wife was Miss Ida Slocomb, who survives him.—Abstract from *N. O. Med. and Surg. Journal.*

Physicians' Bureau.—The enterprising firm of Charles Truax, Green & Co., of Chicago, intend to establish and maintain, during the Columbian Exposition, a Bureau of Service and Information for the exclusive use and benefit of visiting physicians and their families. Mail and telegrams will be forwarded to those registered; a list of leading hotels and boarding-houses will be kept, with location, description, and rates. Cash will be paid out during banking hours from currency deposited with the firm, and from funds forwarded it direct from banks. Telegraph, telephone, stenographic, district messenger, cab, express, baggage, and freight service will be arranged for in the building. Tickets for the Exposition, theatres, railways, etc., can always be obtained. Office room and desks will be provided for the secretaries and other officers of medical societies and conventions. Interpreters of German, French, and Spanish will be permanently located in the building. This undertaking will doubtless be of signal service to physicians visiting the Exposition.

Mental Affections after Influenza.—Dr. Julius Althaus, of London, writes of the mental disturbances which occur after an attack of *la grippe*, when the patient has entered upon convalescence. The cases reported are grouped by him into four separate classes: first, neurasthenia, hypochondriasis, and melancholia; second, acute asthenic delirium, delirium of collapse, or, as he prefers to call it, the delirium of inanition; third, mental affection, grafted upon pre-existing neurosis; and, fourth, general paralysis of the insane. It is difficult to determine the etiology of these conditions; but, in view of the facts that "the number of cases of psychoses observed after grippe is far greater than that seen after any other infectious disease," and that "there is a much greater variety of psychoses observed after grippe than is met with

after other fevers," the writer believes himself justified in thinking that the peculiar toxine accompanying influenza has a more specifically noxious influence upon the nutrition of the cortex than other morbid poisons.—*American Journal of the Medical Sciences.*

An International Congress of Dentists will be held at Chicago in August, 1893, during the World's Fair, at which, in addition to the discussion of subjects of technical interest, special committees will deal with such questions as the provision of dental relief for the poor and the appointment of dentists for the army and navy.

We have received a copy of a new journal The Charlotte Medical Journal, published and edited at Charlotte, N. C., by Drs. E. C. Register and J. C. Montgomery. The periodical is attractively gotten up, contains interesting matter, and will doubtless forward the interest of the profession in North Carolina. We wish it success.

A Village of Congenital Criminals.—Dr. Lombroso, the well-known Italian anthropologist, states that Sighele, a young lawyer, has discovered a village of criminals. It is the village of Artena, which enjoys an infamous notoriety, its inhabitants being robbers, thieves, and assassins. In the Italian chronicles of the Middle Ages, Artena already had this reputation. A search through the judicial records shows the same names continually appearing,—a testimony to the hereditary character of the criminal impulses.

On the proposal of Professor Koenig, at the recent meeting of the German Surgical Congress, it was decided that a marble bust of Gustav Simon should be placed in the Langenbeckhaus. Simon, it appears, is to be regarded as the real founder of the German Surgical Society, inasmuch as it was at his instigation that the matter was first taken in hand by von Langenbeck.

Symptomatic Exanthem in Icterus.—Leven (Deutsche Med. Woch, March 3, 1892) observes that urticaria as a result of scratching is well known in jaundice. The case reported here occurred in a man who had been previously under treatment for relapsing syphilis, but during the past sixteen months had been quite free from any of its manifestations. The patient was seized with intense jaundice. In the fourth week there appeared a macular eruption. It was a question whether the jaundice and eruption were manifestations of syphilis. Jaundice may occur either early or late in syphilis. Antisyphilitic remedies were without effect here. The author would look upon the eruption as that produced by any of the other infective diseases, and thinks that the jaundice was of the infective type. The further course of the case differed in no respect from an attack of simple jaundice.—*British Med. Jour.*

American Medical Association Officers.—The following is a list of the officers elected at the recent meeting held at Detroit:—

Dr. Hunter Maguire, of Richmond, Va., President; Dr. H. O. Walker, of Detroit, First Vice-President; Dr. H. Brown, of Kentucky, Second Vice-President; Dr. H. Janes, of Vermont, Third Vice-President; Dr. Jesse Hawes, of Greeley, Col., Fourth Vice-President; Dr. R. J. Dunglison, of Philadelphia, Treasurer; Dr. W. B. Atkinson, of Philadelphia, Secretary; Dr. Montgomery, Assistant Secretary; Dr. George W. Webster, of Chicago, Librarian. Milwaukee was selected as the next place of meeting.

Doctor—"Ben, what's your face so bunged up for?"

Ben (sadly)—"Dat fool, George Williams, done it. I was at the cake-walk las' night, and all I say to his gal was, 'Good ebnin, Miss Annie, you's lookin' quite pregnant dis ebnin.' What make him hit me, doctor?"

Dr. Talbot Jones, of St. Paul, reports, in the Northwestern Lancet, four cases of acute articular rheumatism, apparently due to prolonged immersion of the hands and forearms in an oxalic-acid solution used in making blueing. The patients were employed in the same manufactory.

In the Omaha Clinic Dr. Grant Cullimore describes a case of total blindness in both eyes, as the result of puerperal septic embolism. Five months after the attack the condition was: each much below the normal; iris of each eye pushed forward by a swollen and opaque lens; response to light very poor; the motion of a candle not appreciated; considerable conjunctival irritation; eyes extremely painful to touch. Diagnosis: Metastatic uveitis, result of puerperal septic embolism. Prognosis: Permanent blindness.

Dublin University Tercentenary.—There were two processions on July 5th and 7th through the streets in connection with the tercentenary celebrations of the University of Dublin. They were composed of the members of the University and of the delegates from all universities invited to partake in the proceedings. The congratulatory addresses were presented on July 7th. In addition to presenting the addresses the following made short congratulatory speeches: Sir James Paget, Great Britain and her Colonies; Professor O. C. Marsh, America; Professor A. Vambery, Austria-Hungary; Professor D'Hondt, Belgium; Professor Saxtorph, Denmark; Professor Waldeyer, Germany; Professor Tiele, Holland; Professor Gaudenzi, Italy; Professor Hagerup, Norway; Professor Wedenski, Russia; Professor Kollman, Switzer-

land; and the Vice-Chancellors of Oxford and Cambridge. The University of France has been asked to nominate a speaker for that country. The Senate met in the theatre of Trinity College, Dublin, on Tuesday, June 14th, at 3 P.M., for the purpose of considering the graces for the tercentenary degrees.—*British Med. Jour.*

A Case of Deaf-Mutism Caused by Measles; Post-Mortem Examination.—Mygind (Archiv of Otol., xx, 4) reports a case of this sort occurring in a man aged 28. At the age of 18 months the patient contracted measles, and during the attack a bilateral inflammation of the middle ear set in, probably secondary to an acute catarrh of the naso-pharynx. The former existence of such an inflammation was proved by the inflammatory residua found at the autopsy, viz.: 1. On the external wall the left membrana tympani was almost entirely wanting, while the right one was the seat of a large calcareous deposit, and there was a bilateral purulent discharge. 2. On the posterior wall of the tympanum the aditus ad antrum mastoideum was closed and the mastoid process was sclerosed. 3. The internal wall of the tympanum was the seat of stalactitic formations which exhibited strong evidence of a severe inflammation of the osseous structure of the tympanum. 4. The normal muscles of the tympanic cavity were missing on either side. The inflammation was propagated from the middle ear into the labyrinth through the fenestra rotunda, destroyed the cochlea, and in its place produced sclerosed osseous tissue.—*N. Y. Med. Jour.*

The second meeting of the International Congress of Physiology was held at Liège, August 29, 30, and 31, 1892.

Van Harlingen says, in the Polyclinic: Long familiarity with pediculosis capitis in hospital and dispensary practice has taught me that eczema of the posterior border of the scalp and nucha is always a sign of the presence of lice.

Aural Complications in the Course of Leucocythæmia.—Lannois (Ann. des mal. de l'oreille et du larynx, January, 1892) draws the following conclusions from his observations: (1) leucocythæmia may be accompanied by symptoms of the presence of lesions in the auditory apparatus; (2) these symptoms are either unilateral or bilateral deafness, accompanied or not by subjective noises and vertigo; (3) this variability of symptoms depends upon the fact that the lesion does not always involve the same region in the auditory apparatus; (4) in four cases out of five the anatomical lesion is a hæmorrhage; (5) these complications are relatively rare.—*N. Y. Med. Journ.*

Major E. L. B. Godfrey, Surgeon of the Sixth Regiment, National Guard of New Jersey, has been promoted to a Medical Inspectorship, with the rank of Lieutenant-Colonel.

The New York Polyclinic.—Dr. Christian A. Herter has been appointed Lecturer on the Anatomy and Pathology of the Nervous System.

Dr. Albert Koehler, for many years the assistant of Bardeleben, has been made a professor.

Medical Temperance in Europe.—It is admitted by professional men that, in the struggle to check inebriety, which has so largely occupied the most cultured intellects on the Continent of Europe, very little has been done in the advocacy of practical abstinence. The prevailing idea, it is alleged, even among members of the medical profession there, has been that the increase of insanity and of other evils from drinking has arisen from the heavier alcohols, and that pure, unsophisticated spirits, wines, and beers are really temperance beverages. That a new departure is being taken in this respect by members of the medical profession is evident from the fact that such men as Professor Forel, of Zurich; Professor Bunge, of Basle; and Dr. Wilhelm Bode, of Dresden, have established and are vigorously supporting total-abstinence societies in those cities.—*Times and Register.*

Dr. J. Cavafy has been appointed an Examiner in Medicine, and Dr. A. P. Luff in Forensic Medicine, in the University of London.

The Committee of the Liebig Institute of Munich has awarded its gold medal to Prof. Carl von Voit, in recognition of his services to science, by the light which his work has thrown on the question of nutrition and food, both in man and in animals.

Unpleasant Effects of Chloralamid.—Dr. Geo. Ernest Alford (of Weston-super-Mare Hospital) writes to the British Medical Journal: A few days since I ordered a patient 30 grains of chloralamid, dissolved in spirit, at bed-time. Instead of the usual refreshing sleep I have found following the use of this drug, in patients suffering from nervous insomnia, the following symptoms manifested themselves: Within five minutes a feeling of stupefaction, and on attempting to walk a staggering gait, followed in a few more minutes by incoherent speech, delusions, faintness, and semi-coma. Within half an hour she fell into a heavy sleep, which lasted for eight hours. On waking she was unrefreshed, and had a severe headache. Just before sleep ensued, and about twenty minutes after taking the drug, there was rather violent purging (but no actual vomiting) and sharp diarrhœa. As I have not met with these results before, and have

not read of their occurrence, I should be glad to know if any of your readers have met with a similar case, or whether such symptoms have been previously reported.

THE PHYSICIAN AND THE PAINTER.—The New York Times quotes the following from the Pall Mall Gazette: Here is a good story of a doctor and a painter's wife. The doctor's name does not appear, but the painter was Meissonier. Mme. Meissonier sent for the family physician in a great hurry. He came, thinking some illness had overtaken the artist. But it was not the artist; it was only a lap-dog. He pocketed his pride and attended the patient, who soon recovered. At the end of the year the bill came in, but there was no item for attendance on a dog. Mme. Meissonier noticed the omission and told the doctor to charge. He would not charge; he said he could not charge; he was not a vet. He was very glad to be kind to the dog, etc. The lady insisted. Well, said the doctor the hinges of my garden-gate are rusty; ask M. Meissonier to bring his brush and paint them for me.

TEMPORARY BLINDNESS DURING LACTATION.—Nettleship reports several cases of temporary failure of sight in women during lactation. These cases are distinguished from those of retinal disease due to the albuminuria of pregnancy, and also from those in which blindness results from severe post-partum hæmorrhage. He has not seen any of the cases he describes during the time of blindness, but the ophthalmoscopic appearances present at varying periods after the attack point with more or less certainty to a previous optic neuritis. He believes that these cases will probably be found to belong to the same group as the optic neuritis now and then met with in chronic anæmia.—*Arch. of Gynæcology.*

DR. ALEX. F. LEE, of Quincy, Ill., one of the most promising physicians of that place, became suddenly insane while operating on a man's neck for a tumor. He cut an artery and left the patient bleeding in his office while he walked in the streets and addressed a large crowd on his proposed wealth. He was to have been married the next day after the unfortunate occurrence.—*Doctors' Weekly.*

THE Intercolonial Medical Congress of Australasia is to be held in the grounds and buildings of the University of Sydney during the week commencing September 26, 1892.

OFFICERS OF THE MASSACHUSETS MEDICAL SOCIETY.—Dr. J. C. White, of Boston, has been elected President, and Dr. Francis A. Howe, Vice-President of the Massachusetts Medical Society.

DR. WILLIAM GRAVES has been made permanent Professor of Pediatrics at the College of Physicians and Surgeons of St. Louis.

THE family of the late Dr. Abram Du Bois have given $80,000 to the New York Eye and Ear Infirmary, to be used in the erection of an extension to the hospital buildings.

PROFESSOR FLUECKIGER'S PUPILS PRESENT HIM WITH A SOUVENIR.—A number of Professor Flückiger's pupils have united for the purpose of arranging for an honorary gift to the parting professor as a token of veneration and attachment. A superb bronze statuette has been very appropriately selected for the purpose—"The Sower," by Gautherin. A beautiful socle bears upon a silver plate the dedicatory inscription and the names of the donors. Friday, March 11th, those interested, who were then in Strassburg, gathered at the Pharmaceutical Institute, and Mr. P. Zenetti, who had been chosen spokesman, gave, in making the presentation, hearty expression to the prevailing feeling of gratitude and honor.—*Bulletin of Pharmacy.*

THE HONORARY DEGREE OF LL.D. has been conferred on Dr. Fessenden N. Otis, by Columbia College.

IT is announced that Dr. T. Mitchell Prudden has been made Professor of Pathology at the medical school of Columbia College.

JENNER IN JAPAN.—At the request of the Consul-General of Japan, Mr. Okoshi, Mr. Ernest Hart has collected a series of engraved portraits of Dr. Edward Jenner, and a photograph of his statue in the metropolis, for a committee of Japanese doctors, who, impressed with the enormous benefits which vaccination has conferred upon their countrymen, are taking steps to erect a public statue to that medical benefactor of mankind.

ELECTRICITY IN FIBROID TUMORS.—Far from regretting the keen rivalry between electrotherapy and surgery in Gynæcology, Dr. G. Betton Massey, of Philadelphia, points to it as an important index of medical development, and could desire that other therapeutic efforts, now blindly accepted, were subjected to similar tests. In an analytical study of forty-six cases of fibroid tumors under his care and treated by electricity, he reports 5 complete anatomical and symptomatic cures; 23 cases in which the tumor was considerably diminished in size, and all other symptoms were cured; 8 in which the tumor was not diminished in size, but all the symptoms were relieved; 2 in which the tumors were not diminished or the symptoms relieved; 1 case made worse by treatment. Excluding 7 cases which were under treatment for too short a period to be of evidence, he finds that in the

39 remaining cases in which treatment was thorough, 12.8 per cent. resulted in complete cure; 79.4 per cent. in symptomatic cure; 5.3 per. cent. were unaffected, and 2.5 per cent. were made worse. In other words, about 92 per cent. were successes and 8 per cent. failures. Of the complete cures all were intra-mural growths. Of those improved, also, most were intra-mural. Six cases were treated by puncture, of the kind which has been designated as "buried," a method originating with Dr. Massey, and which he thinks both more powerful and more safe than that described by Apostoli. Massey's needle is insulated by vulcanized rubber to within one centimetre of the end, with a view of preserving the track of the needle through healthy tissue from an electrolytic softening, that would prevent immediate union. Punctures made in this way he has observed to heal in three days. Dr. Massey concludes that the intra-uterine method is certainly the method of choice, and with the elastic platinum electrode which he has devised, or those of Martin, much of the risk of stiff sounding is avoided.

Dr. O. A. Fliesburg, of St. Paul, Minn., describes, in The Northwestern Lancet, a case of bilateral phlegmasia alba dolens in a man.

Dr. Francis J. Shepherd, of Montreal, reports, in The Montreal Medical Journal, a remarkable case of quinine rash produced by small doses, 15 or 10 grains and even 1 grain, of quinine. The eruption appeared in the form of large claret-colored patches, in the centre of which purpuric spots could be seen. At the end of ten days desquamation followed.

A book to which the late distinguished physiologist, Professor Brücke, of Vienna, devoted the last months of his life has been published by Braumüller, of Vienna. The work is entitled "How a Man May Safeguard the Life and Health of his Children," and is, as the author states in his preface, intended "for the lay public, not for medical men." It is, he adds, founded on experience, not on theoretical speculations.

A new medical journal entitled La Region Medica Vasco-Navarra has recently appeared in Spain. Our new contemporary is to be the official organ of the Medico-Pharmaceutical College of Navarre.

How the German Pharmacopœia is Revised.—The Weekly Medical Review says the committee for the revision of the German Pharmacopœia is to consist, from 1892 to 1894, of fifteen members, exclusive of the president and certain official representatives of the various States of the German Federation, who will be extraordinary members of the committee. The ordinary members, who are to be appointed by the Imperial Chancellor, will consist of two heads of hospital clinics, two general practitioners, two pharmacologists, two chemists, three druggists, and one "pharmacognostician," with two representatives of the manufacturing chemists and one of veterinary pharmacology.

In the American Journal of Ophthalmology, Dr. J. S. Barnes, of Milwaukee, Wis., reports a case in which the conjunctiva was the seat of a mucous patch. The lesion began upon the palpebral conjunctiva of the lower lid of the left eye and spread to the contiguous surface of the ocular conjunctiva. Healing was progressing rapidly, under appropriate treatment, when the patient disappeared for three weeks. Upon his return the ulcer had entirely healed, with the formation of symblepharon between the ocular and palpebral conjunctivæ.

At a meeting of the Ophthalmological Society of the United Kingdom, Mr. Johnson Taylor, of Norwich, read notes of four cases of hereditary optic atrophy occurring in one family. The cases included four male children in a family of eleven.

Viennois, of Lyons, relates (Annales de Dermatologie et de Syph.) a case of moist gangrene of the toes, which he attributes to the effects of inherited syphilis.

A Congress of French-speaking Alienists convened at Blois, August 1st.

American Surgical Association.—The following officers and members were elected at the Executive Session: President, Dr. N. Senn, of Chicago; Vice-Presidents, Dr. W. W. Keen, Philadelphia; Dr. Chas. B. Porter, Boston; Secretary, Dr. J. R. Weist, Richmond, Ind.; Treasurer, Dr. John B. Roberts, Philadelphia; Recorder, Dr. J. Ewing Mears, Philadelphia; Members of Council, Dr. Roswell Park, of Buffalo, and Dr. R. F. Weir, New York; Member of the Executive Committee of the Congress of Physicians and Surgeons, Dr. R. McLane Tiffany, Baltimore, and Alternate, Dr. James McCann, Pittsburgh. It was decided to hold the next meeting in Buffalo, in May, 1893; and Dr. Roswell Park was elected Chairman of the Committee of Arrangements.

An Eccentric Chemist.—There is, at the present day, a chemist in the north of England who, instead of placing his cash in a till, puts each separate sum into the drawer or on the shelf close to the bottle from which the article or drug sold was taken. If he sells twopennyworth of senna and sixpennyworth of sal volatile, he puts two pence in the senna drawer and six pence on the shelf behind the sal volatile bottle, and so on with all his sales. He is a very old man, and, as may be supposed, does very little trade.—*British and Colonial Druggist.*

SOUTHERN PINES, NORTH CAROLINA.—There is a large class of invalids in our Northern States, infirm in body, but resolute in spirit, who, finding themselves compelled to relinquish their business pursuits, think of migration to a more favorable climate. Under improved natural surroundings an improved state of health will frequently result, and many lives be prolonged for social usefulness. The sufferers from catarrhal affections of the lung-passages, from incipient consumption, asthma, neurasthenia, insomnia, chronic indigestion, Bright's disease, etc., are those who particularly require change of abode and climate.

The writer has recently visited a spot which possesses decided sanitary value. Southern Pines is situated in Moore County, N. C., on the line of the Raleigh and Augusta Air-Line Railroad, seventy miles south of Raleigh. The place can be reached by a railway journey, upon trains furnished with Pullman cars and the other luxuries of travel, in less than twenty-four hours from Philadelphia. Those who prefer can make a portion of the trip by water from New York, Philadelphia, or Baltimore.

The climate of Southern Pines is remarkably healthy. Its mean annual temperature is about the same as Southern France or Italy, and is not subject to decided fluctuations. It lies within the celebrated long-leaf pine belt, the soil is sandy, and the elevation is considerably above the sea-level. The drainage therefore is perfect, rain is speedily absorbed, and the spring-water, filtering through the sand, is of remarkable purity. The air contains a large proportion of ozone. The moderate elevation and the absence of dampness and large streams render Southern Pines a peculiarly appropriate residence for invalids. The waters of the different springs unite to form brooks. In addition to the characteristic pine, the persimmon, black and sweet gum, the tulip-tree, sweet bay and other trees, the trailing arbutus, trumpet-lily, frog's bonnet, and other flowers are found. Several mineral springs are within a short distance of the settlement. There is good bathing in the swimming-pools. Hot and medicated baths can also be had.

The town has been developed chiefly by Northern people who had repaired to the place in search of health. Lots can be obtained on very reasonable terms; building material is abundant and cheap. It is believed that the culture of grapes and small fruits will eventually prove a source of revenue. Many acres are now under cultivation. The turpentine distilleries in the neighborhood are interesting to visit, and inhalation of the vapor is benefical.

Southern Pines is equally adapted for a summer and winter resort. The average temperature of summer is 77 degrees, and of winter 44 degrees. Malaria is unknown.

The writer takes pleasure in acknowledging himself the recipient of many courtesies from Mr. R. M. Couch, proprietor of the Hotel Ozone, at Southern Pines, from whom information regarding the neighborhood can readily be obtained.

THE sixteenth annual meeting of the American Dermatological Association is to be held at the Pequot House, New London, Conn., September 13th, 14th, and 15th. Papers are to be read by Dr. G. H. Fox, Dr. S. Sherwell, Dr. R. W. Taylor, Dr. M. B. Hartzell, Dr. J. N. Hyde, Dr. R. B. Morison, and others. The President is Dr. E. B. Bronson, of New York, and the Vice-President is Dr. F. J. Shepherd, of Montreal, Canada.

WHEN WILL HE PAY?—A good story was enacted in one of the Peoria (Ill.) pharmacies. A small child entered the store with a prescription and asked Mr. Coffinberry if he would fill a prescription and have the father pay for it when he was well again. Mr. C. consented, and asked the child for the prescription, which was handed to him and he prepared it immediately. After wrapping it, he asked the child: "How is your father to-day?" The child, taking the proffered package and looking at Mr. Coffinberry in an unconscious way, said: "The doctor says he don't think he will get well."—*Meyer Bros.' Drugg.*

THE thirty-eighth annual exhibition of the Pennsylvania State Agricultural Society will be held at Scranton, September 5th to 10th inclusive.

IN the New York Medical Journal, Professor Robert F. Weir, of New York, describes a case in which he performed gastrorrhaphy in order to diminish the size of a dilated stomach. The operation consisted in taking a tuck in the stomach, and sewing together its peritoneal surfaces. After recovery the patient's symptoms were decidedly ameliorated. Professor Weir had believed, in entering upon this procedure, that he was about to resort to a novelty in surgery. However, two days before the operation he learned that this very operation had already been performed by Bircher, of Aarau, Switzerland, in three cases for the relief of dilatation of the stomach.

LITTLE BROWN JUGS.—Ex-Senator T. W. Palmer, of Detroit, Mich., President of the World's Fair Commission, is an advocate of temperance, and improves every opportunity to score the saloons. A temperance meeting was held in the First Presbyterian Church, and Mr. Palmer was one of the speakers. He pointed out the great evils of saloons, and closed with the advice that if young men must drink whisky they had better buy jugs and take the beverage home with them rather than visit saloons. J. C.

Beutler, proprietor of a large liquor-store, turned the point on Mr. Palmer. He purchased a large number of stone jugs, filled them with whisky, and had some cards printed announcing that young men who didn't wish to degrade themselves by frequenting saloons, but who would "follow the advice of ex-Senator Palmer," could get jugs filled with the best whisky at his (Beutler's) place of business. The cards, with Mr. Palmer's name in display type, were sent all over town, and that afternoon Beutler had a great rush of business. On each jug was a printed notice, "Recommended by ex-Senator Thomas W. Palmer." Dozens of Mr. Palmer's friends purchased jugs of whisky and sent them to his office.—*New York Sun.*

AT the suggestion of Professor Dastre, the Biological Society of Paris has subscribed a sum of 200 francs to the monument to be erected at Vienna in honor of the physiologist, von Brücke. In this connection we may recall the fact that when an open subscription was held for the purpose of raising a statue to Claude Bernard the committee received contributions from scientific men and societies in every portion of the world. About 3000 francs of this money remain unexpended. The surviving members of the committee have determined to give this money to the Biological Society, for the foundation of a prize, which shall bear the name of Claude Bernard.

DIETETICS OF EPILEPSY.—In the Dietetic and Hygienic Gazette, Mr. John Merson, M.A., M.D., records the results of a series of observations on twenty-four chronic epileptics, undertaken to determine the value of nitrogenous and a farinaceous diet in the treatment of this disease. Twelve of the patients were put on nitrogenous and the other twelve on farinaceous food, and this arrangement was continued for four weeks. At the end of this time those previously on nitrogenous diet were transferred to farinaceous, and those on farinaceous to nitrogenous. This was continued for another period of four weeks, when the patients were allowed to resume their ordinary dietary. After assumption of nitrogenous diet many of the patients became more dull and stupid, but changed for the better as soon as farinaceous food was adopted. Out of the twenty-four cases there was in fourteen a decided decrease in the number of fits during the period of farinaceous diet; the average number of seizures for the farinaceous period was 10.7, as compared with 28.3 for the nitrogenous period. Of the remaining ten cases four had the same number of fits under each diet. Dr. Merson believes that, after making due allowance for the short period of observation and the limited number of cases observed, there is still a certain indication that the actual number of fits is less under a farinaceous dietary than under nitrogenous.—*Journal of Nervous and Mental Diseases.*

THE American Gynæcological Society will hold its Seventeenth Annual Meeting in Brooklyn, on the 20th, 21st, and 22d of September.

THE medical officers of the Canadian militia have formed an Association, held their first meeting at Toronto, and elected the following officers: Hon. President, Surgeon-General Bergin; President, Surgeon F. W. Strange.. Vice-Presidents—Ontario, Surgeon V. H. Moore, Forty-first Brockville Rifles; Quebec, Surgeon T. G. Roddick, First P. W. O. Rifles, Montreal; New Brunswick, Surgeon-Major Connell, Sixty-seventh Batt.; Nova Scotia, Surgeon D. A. MacGillivray, Ninety-Fourth Highlanders; Prince Edward Island, Surgeon Jenkins, Garrison Artillery; Manitoba, Surgeon G. T. Orton, Ninetieth Winnipeg Rifles; British Columbia, Surgeon Duncan, R.C.A., Victoria. Treasurer, Surgeon Tracey, Forty-ninth Hastings Rifles. Secretary, Surgeon G. Sterling Ryerson, R.G., Toronto.

THE officers of the Minnesota State Medical Society for the ensuing year are: President, A. W. Abbott, of Minneapolis. First Vice-President, W. A. Jones, of Minneapolis; Second Vice-President, W. J. Mayo, of Rochester; Third Vice-President, Dr. Spaulding, of Luverne. Secretary, C. B. Witherle, of St. Paul. Treasurer, W. J. Hill, of St. Paul.

THE Tri-State Medical Association of Mississippi, Arkansas, and Tennessee will hold its next annual session in Memphis, Tenn., on Novem- 16, 17, 1892. A. L. Elcan, M.D., Secretary.

THE Rhode Island Medical Society elected the following officers at its last annual meeting: President, W. H. Palmer, Providence; Vice-President, Robert F. Noyes, Providence; Secretary, George R. White, Providence; Treasurer, George L. Collins, Providence; Librarian, Geo. D. Hersey, Providence.

THE following changes in the medical staff of the Pennsylvania Railroad Voluntary Relief Department are announced:—

Dr. D. W. Nead, Assistant Medical Examiner at Harrisburg, has been promoted and assigned to duty at Trenton.

Dr. C. S. Kurtz has been appointed to succeed Dr. Nead, at Harrisburg.

Dr. C. F. Hough, of Pittsburgh, has been transferred to Trenton, *vice* Dr. James R. McCausland, resigned.

Dr. T. B. McBride, appointed for duty at Pittsburgh, *vice* Dr. Hough, transferred.

Dr. D. P. Rettew, appointed Assistant Medical Examiner, with office at Sunbury.

BOOK REVIEWS.

A New Pronouncing Dictionary of Medicine. Being a voluminous and exhaustive handbook of Medical and Scientific Terminology, with Phonetic Pronunciation, Accentuation, Etymology, etc. By JOHN M. KEATING, M.D., LL.D., and HENRY HAMILTON. Philadelphia: W. B. Saunders, 913 Walnut Street, 1892. $5 net, cloth; $6 net, sheep.

Good dictionaries are essential to the student. In medicine the rapid development of the last decade have introduced many terms into our vocabulary, and it is desirable to have them authoritatively defined. The etymology of the new words does not always suggest itself to the reader. On the other hand, numerous terms have become obsolete, and belong at the present to the literature of medical history, rather than to the practice of to-day. The latter class of words can very well be omitted from a work designed for the active physician. The book before us is a well-prepared and scholarly production. The definitions are clear and concise, and the words belonging to scientific modern medicine have been included. The tables will be found of great value. We would particularly refer to the tables of suffixes and prefixes; of the localization of the functions of the segments of the spinal cord; of the non-pathogenic and pathogenic bacteria; of the ptomaines and leucomaines, with the names of their discoverers; of poisons with symptoms, antidotes, and treatment.

We are especially pleased with the beautifully clear type of the book.

Bäder-Almanach Mittheilungen der Bäder. Luftkuroxte und Heilanstalten in Deutschland, Oesterreich, der Schweiz und den angrenzenden Gebieten für Aertzte und Heilbedürftige. Fünfte Ausgabe. Mit Karte des Bäder, Kurorte und Heilanstalten. Berlin: Rudolf Mosse, 1892.

Guide-Book to Baths, Health Resorts, and Sanitary Institutions in Germany, Austria, Switzerland, and Adjacent Countries, for the use of Physicians and Invalids. Fifth edition, with maps. Berlin: Rudolf Mosse, 1892.

Each edition of this work is distributed gratuitously to the physicians of Germany and to medical authorities of other lands. It contains nearly five hundred pages of very useful information. Calculated to be of especial service to German practitioners, it is, nevertheless, valuable to those of our own country, who are asked for advice concerning the health resorts of the countries named in its title. The various baths are classified in groups according to their properties, and are described in detail, and the nature of the disorders in which they are beneficial is indicated. Information is also given as to resident physicians, hotels, rates, routes, etc.

The Hand of Destiny. By OSSIP SCHUBIN. Translated by MARY A. ROBINSON. New York: Worthington & Co., 1892.

This is an interesting story of life in the Rome of to-day. The characters are not Italians, however, but Austrians, mostly of high rank, into whose society, through official or accidental associations, more lowly-born individuals have obtained admission. The principal personages are well portrayed. The heroine is an attractive young girl, who is drawn, by the reckless self-indulgence of her lover, into an embarrassing and painful situation. Ignorant of all the circumstances, but passionately devoted to his sister, her brother forces a duel upon her suitor, by whom he is killed. The vacillations of her lover, who is dependent upon his brother, the head of a princely family, together with the tragic result of the duel, alienate the girl's affections. The lover wanders off into exile for years, and as he is returning learns that the girl whom he loved has just been united in marriage to a worthier mate. The most artistic part of the book is that which describes the conflict which is continually going on in the discarded lover's mind, between the dictates of affection and worldly policy, leading to an indecisive conduct by which he loses the love of his *fiancée* and the favor of his princely brother.

Essentials of Diagnosis Arranged in the Form of Questions and Answers. Prepared especially for students of medicine, by SOLOMON SOLIS COHEN, M.D., and AUGUSTUS A. ESHNER, M.D. With 55 illustrations, some of which are colored, and a frontispiece. Saunders' Question Compends, No. 17. Philadelphia: W. B. Saunders, 1892. Price, $1.50 net.

Instruction by means of questions and answers certainly presents some advantages. It is the mode in which information is obtained by children, by those ignorant of books, by travelers, etc. When the student of medicine is asked definite questions he is incited to give in answer the main facts relative to the subject. This trains him in the art of concise expression, and habituates him to recognize what are main facts. The disadvantage of books which endeavor to utilize this method are that they are compelled to make bald statements of facts which call upon the memory for exercise, but do not train the reflective faculties. However, if not too much condensed, and if used in connection with attendance upon clinics and ward-classes, such books may be of use in preparation for examinations. The danger is that the average stu-

dent will form a habit of relying too much on such compends.

The authors of the work before us have succeeded in condensing a good deal of information into its pages relative to the symptoms and diagnostic points of the various diseases which may afflict the human body. They wisely, in their preface, advise the student not to depend upon it to the exclusion of standard and more elaborate works.

The Heiress. By HENRI GREVILLE. Translated by EMMA C. HEWITT and JULIEN COLMAR. Illustrated. New York: Worthington Company, 1892.

This book describes, in pure and pleasing language and style, the arts by which a fortune-hunter nearly succeeded in ensnaring the beautiful, high-minded, and innocent heiress. The pictures of French family and social life are all the more charming from their contrast to many works whose so-called realism is calculated to convey false and corrupting impressions. The art by which the pretender is unmasked is skillfully depicted, though the device, we think, is not original. The heroine is an interesting girl, her guardians are good and kind people, her near friends are the family of a French admiral with whom her father had served in his youth, and the successful lover is an officer of the navy, a brave and resolute sailor. The character who is instrumental in unmasking the schemes of the villain—a rather mild villain—is full of rollicking mirth and good nature.

CURRENT MEDICAL LITERATURE

Abstract of Sanitary Reports, vol. vii, Washington, D. C., 1892. Nos. 26, 27, 28, 29, 30, 31.

The Necessity for Early Correction in Congenital Club-Foot. By H. Augustus Wilson, M.D., Clinical Professor of Orthopædic Surgery.

United States Official Postal Guide, 1892.

State Board of Health Bulletin, vol. vii, Nashville, Tenn., June 20, 1892, No. 11.

Epistaxis and the Hæmorrhoidal Flux: Their Pathogenic Unity and Identity of Cure. By Alexander Harkin, M.D., F.R.C.S, Consulting Physician, Mater Infirmorum Hospital, Belfast; Membre de la Société Francaise d'Hygiène, Paris et Quebec.

On the Clinical Use and Physiological Action of Bromo-Caffeine. By John W. Fahr, M.D. Author's reprint.

Education of Business Men,—I and II. An Address before the Convention of the American Bankers' Association, at Saratoga, September 3, 1890. By Prof. Edmund J. James, Ph.D., Wharton School of Finance aud Economy in the University of Pennsylvania, with Plan of Founder and Curriculum. Published by American Bankers' Association, New York, 1892.

Sixty-eighth Annual Announcement of the Jefferson Medical College of Philadelphia. Session of 1892–93.

Hepatic Abscess. Report of a Case, with Remarks Upon the Amœba Coli. By William A. Edwards, M.D., and James Sears Waterman. M.D., San Diego, Cal.

Twelfth Annual Announcement of the University Medical College of Kansas City, Mo. (formerly Medical Department University of Kansas City), Nos. 911 and 913 East Tenth Street, Kansas City, Mo.

Announcement Sixty-second Session, 1892–93, Albany Medical College.

A Memorial to Congress on the Subject of a Comprehensive Exhibit of Roads, their Construction and Maintenance, at the World's Columbian Exposition.

Annual Announcement and Catalogue, College of Physicians and Surgeons, Baltimore, Md., 1892–93.

Results in Cases of Hip-Joint Disease, Treated by the Portable Traction Splint without Immobilization, except during the Inflammatory Stage of the Disease. By Lewis A. Sayre, M.D., Professor of Orthopædic Surgery in the Bellevue Hospital Medical College.

The Johns Hopkins Hospital, Baltimore. Lectures, Courses of Practical Instruction, and Clinics for Graduates in Medicine, 1892–93.

Deflections of the Nasal Septum. By Mayo Collier.

The Routine Practice of Administering Ergot After the Third Stage of Labor. Read before the Pittsburgh South Side Medical Society, May 23, 1892. By John Milton Duff, M.D., Professor of Obstetrics in the Western Pennsylvania Medical College.

Association of Hospital Physicians and Surgeons of Philadelphia, 1892.

Annual Announcement and Catalogue of the Baltimore Medical College, Baltimore, Md. Session 1892–93.

Woolen or Linen? A Review of Certain Articles (Editorial and Contributory) in the Irish Textile Journal. By R. C. Rutherford, New York.

Which is Scientific Medicine? A Comparison of Allopathy and Homœopathy Based on the Study of Arsenic. By M. W. Van Denburg, A.M., M.D., Fort Edward, N. Y.

Pemphigus Circinatus. By Charles W. Allen, M.D., Surgeon to Charity Hospital, etc.

Clinical Comments on Cutaneous Cases. By Charles W. Allen, M.D., Surgeon to the Charity Hospital, etc., New York.

Announcement. Medico-Chirurgical College of Philadelphia, 1891–92.

COMMERCIAL NEWS.

Imperial Granum.

"For over thirty years the Imperial Granum has been the leading prepared food of this country, and it has acquired the reputation of being safe and always uniform and reliable. During this long period of years its sales and popularity have constantly increased, and it is recommended by the most eminent physicians throughout the length and breadth of the land. At no time have the sales increased more rapidly than during the present year, nor has it ever seemed to give more universal satisfaction, and it is an undeniable fact that during the time that the Imperial Granum has been manufactured as a food for children and invalids, it has saved thousands of lives, not only of children, but of delicate, infirm, and aged persons who have required and sought nourishing and strengthening diet; and it has often proved the only food the stomach would tolerate when life seemed depending on its retention; thus, it will have satisfactory results in nutrition far into the future, because it is based on merit and proven success in the past.

"The good old Quaker house of John Carle & Sons, established in 1817, whose store at the corner of Water Street and Maiden Lane, is one of the landmarks of New York, and whose reputation for pure drugs is as solid as the island itself, have been the shipping agents for the Imperial Granum ever since its first introduction into this country, and they write as follows: 'We recommend the Imperial Granum in the strongest terms, having sold it for over thirty years, and having used it in our own families with such good results that we feel we cannot say too much in its favor.'"

Doctor, are you acquainted, by practical experience, with the success of the hypophosphites of lime and soda (Churchill's treatment) in consumption? Read the excellent article, "New and Old Cures for Consumption," on third page of cover of this issue.

Antikamnia.

I reiterate my assertions made nearly a year ago, and am daily prescribing Antikamnia with happiest effects. In my practice it accompanies the maid from her virgin couch to her lying-in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results. I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence. Truly,

Caleb Lyon, M.D.

Rossville, Staten Island, May 17, 1892.

Practice for Sale.

A practice worth $2500 in an excellent location in the Delaware Valley. Terms reasonable; will give purchaser a good introduction. Best of reasons for selling. Address at once.

Dr. W. H. Stowe,
Milford, Pa.

Chronic Laryngitis.

℞ S. H. Kennedy's Ext. Pinus Canadensis (dark), . 1 ounce.
Drosera rotund., . . ½ ounce.
Pure glycerin, . . . 4 ounces.

M. Sig.: 15 to 30 drops three or four times per day. Also, in nasal catarrh I think it almost a specific.

Alex. M. Bligh, M.R.C.S. Eng., etc., Liverpool, England, says: "S. H. Kennedy's Extract of Pinus Canadensis is an invaluable remedy for most diseases of the mucous surfaces, especially of the throat, and indeed the whole intestinal mucous membrane. In throat affections, relaxed uvula, chronic laryngitis, assuming the form of aphonia clericorium, to which teachers, singers, and clergymen are subject, I have found its administration, both internally and as a gargle, most useful. I have considerable experience of its efficacy in clergymen, and find it invaluable in neurosis of larynx.

Sanmetto can be Relied on with Certainty of Good Results.

I am now prescribing Sanmetto for diseases indicated. Have tested it in practice; its effect was exceedingly gratifying. It can be relied on to dispense, with a certainty of good results. W. H. C. Stephenson, M.D.,

Omaha, Neb.

Stearns' Cascara Aromatic.

The Cascara Aromatic exceeded my expectations. It operated equally as efficient as the regular fluid extract, and I found it was infinitely more pleasant to take.

L. L. Scammell, M.D.

St. Louis, 3805 Pine Street.

Your Cascara Aromatic is pleasant to the taste and effective in its action.

P. Edwin Kidd, M.D.

Brooklyn, N. Y., 173 Willoughby Street.

Am highly pleased with it, and shall use it in the future. J. E. R. Albright, M.D.

Cayce, Miss.